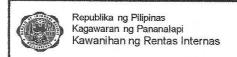
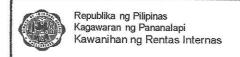


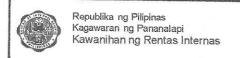
1 For the Period	7 (MM/DD/Y	Y) To	► 12 _.	31 17	MADDOO	
Part I 2 Taxpayer		77	Payee Informatio	n (n	MM/DD/YY)	
Identification (Identification)	71 664 V. PINPIN-AR	[000,]			The state of the s	
			Middle Name for Indiv	iduals) (Registered Na	me for Non-India	iduale)
	a I, Tanza, Cavit	te	A second			4A Zip Code
5 Foreign Address						5A Zip Code
6 Taxpayer			Payor Information	3		
Identification Number		0,0,0,0				
7 Payors Name ► IANZA WA	ATER DISTRIC		Middle Neme for India	iduals) (Registered Na	2 N 1 1 1	
8 Registered Address • A. Soriano	Highway, Tan	za, Cavite	Tradio reality for index	iddais) (registered Na		BA Zip Code 4 1 0 8
PARTII	Deta	ails of Monthly Incon		Withheld for the Qu	arter	
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	OME PAYMENTS 3rd Month of	7.1	
		the Quarter	the Quarter	the Quarter	Total	Tax Withheld For the Quarter
	WI010			50,000.00	50,000.0	5,000.00
		9				
					THE RESERVE OF THE PARTY OF THE	NATIONAL PROPERTY AND ADMINISTRATION OF THE PROPERT
					d Commission	
						CELON COLON COLO
			The state of the s			
otal						
Money Payments Subject to Withholding				50,000.00	50,000.00	5,000.00
of Business Tax (Government & Private)						
				And the second state of the second se	three days a survey of the sur	
			CONTRACTOR OF THE CONTRACTOR O	101-101-101-101-101-101-101-101-101-101	THE PERSON NAMED IN THE PE	
We declare, under the penalties of perjuirsuant to the provisions of the National Inte	Jry, that this certifiernal Revenue Cor	cate has been made i	n good faith, verified b	y me, and to the best o	f my knowledge	and belief, is true and correct,
G see	In frad	lella				in a second
Payor/Pa	LANIE P. BOE yor's Authorized I mature Over Printe	Representative		10 Divis	ion Manager B Title/Positio	n of Signatory
3 7	nature Over Printe	cu (vaile)				netaloge
onforme:	yee's Authorized F	Representative		THE CONTRACT OF THE CONTRACT O	Data C:	NAME OF THE PARTY
	nature Over Printe				Date Si	gned



1 For the Period	7 (MM/DD/Y	Y) To	► 12	31 17 _M	M/DD/YY)	7 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1
Part I			Payee Information		WIDDITT	
2 Taxpayer Identification Number	313 010	0,0,0				
	AR CARE CENTE	ER				*
			Middle Name for Indivi	iduals) (Registered Nar	me for Non-Individual	s)
4 Registered Address > 286 Daang	Amaya, Tanza, C	avite			4A 2	(ip Code
5 Foreign Address >					5A Z	Lip Code
			Payor Information			
6 Taxpayer Identification Number 0 0 1 8	898 705	[0000]	STATE OF THE STATE	A STATE OF THE STA		
	ATER DISTRI	1				
			Middle Name for Indivi	duals) (Renistered Nar	ne for Non-Individual	e)
8 Registered Address A. Soriano	Highway, Tan	za, Cavite				ip Code 4 1 0 8
PART II	Det	ails of Monthly Incom	ne Payments and Tax	Withheld for the Qua	arter	**************************************
Income Payments Subject to	ATC		AMOUNT OF INCO			
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
	WC 157	the Quarter	the Quarter	the Quarter 1,950.00	1,950.00	For the Quarter
APPROXIMATION CONTROL CONTROL OF THE ACCOUNT OF THE PROPERTY OF THE CONTROL OF TH	WC 157			600.00	600.00	19.50
		1				
	-					
	†			Transport of the Control of the Cont		
	- AVIII AVII AVII AVII AVII AVII AVII AV					
	-					
	1					
				- Aller and a second a second and a second a		
Total				2,550.00	2,550.00	31.50
Money Payments Subject to Withholding			.	2,000.00	2,000.00	31.30
of Business Tax (Government & Private)						
		Marian				
		SECURIOR DISCOSTINUES POR COMPANY SECURIOR SECUR				
otal						
We declare, under the penalties of per oursuant to the provisions of the National In	iternal Revenue Co	ode, as amended, and	n good faith, verified b the regulations issued	by me, and to the best of under authority thereo	f my knowledge and f.	belief, is true and correct,
9 ME	ELANIE P. BO	BADILLA		10 Divisi	on Manager B- ACM	D
Payor/F	Payor's Authorized	Representative		Market Street Control of the Control	Title/Position of	
(S	ignature Over Prin	ted Name)				
Conforme:						
	ayee's Authorized		Approximation of the second of	Harris Harris de la companya del companya de la companya del companya de la compa	Date Signed	

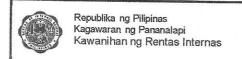


1 For the Period > 0 1 0 1 1	7 (MM/DD/Y)	Y) To	► 0,1	31 17	(MM/DD/YY)		
Part I 2 Taxpayer ▶ 2 5 3 2	19 471	000	Payee Information				
identification Number		ALTH ENTERPRISE					
4 1 ayee 3 1 aline - [03D 31316		st Name, First Name, N		iduals) (Registered	Name for Non-In	dividuals)	The state of the s
4 Registered Address B16 L16 Jos		o. Domingo, Bay,				4A Zip Code	
5 Foreign Address ▶						5A Zip Code	
6 Taxpayer			Payor Information				
Identification Number • 0 0 1 8	- Annual Control of the Control of t	0000					
7 Payor's Name TANZA WA	ATER DISTRIC	CT st Name. First Name. N	C.Jat. No	1.03/6			
8 Registered Address A. Soriano I	Highway, Tanz	za, Cavite	withe Name for Inche	duas. readspea	Mawe tot 1/00-il	dividuals) 8A Zip Code ▶	4 1 0 8
PART II	Deta	ails of Monthly Incom	alegan and the contract of the	na Salah da Alian da	Quarter		
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		x Withheld the Quarter
	WC 157	60,000.00	A second		60,00		535.71
		According to the second se					
			N. Contraction of the Contractio				
					<u> </u>		
			120000				
		The state of the s					
			PRINCE				
			Manage of the Control	The state of the s			
Fotal .		60,000.00	-		60,000	0.00	535.71
Money Payments Subject to Withholding			•		V 0,300		555,71
of Business Tax (Government & Private)							
						- The state of the	
The second secon							
		and the same of th					
					The state of the s		
otal							
We declare, under the penalties of perju ursuant to the provisions of the National Inte	ury, that this certific ernal Revenue Coo profiled LANIE P. BOE	de, as amended, and the	ne regulations issued	under authority the	reof.		ue and correct,
Payor/Pa	LANIE P. BOE lyor's Authorized I gnature Over Printe	Representative	The principle of the control of the	10 Di	vision Manager - Title/Pos	B ACMD ition of Signatory	
onforme:				· · · · · · · · · · · · · · · · · · ·			
200.294.00.02900.7000	yee's Authorized F	Representative		***************************************	Date	Signed	Manuscript of the Contract Production of the Contract Con

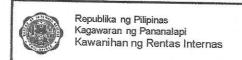


1 For the Period	7		- [6,6,7]				Water 2000 (LIVOO)
From <u>[04, [0, 1] 1</u>	MM/DDM	Control Contro	► 0 6 Payee Information	30 17	(MM/DD/YY)		
2 Taypayer	07 136	000	rayee information				Market Annual Control of the Control
3 Payee's Name ► VITONIO,		J haladaaad					Angelia di propinsi di Angelia di
	(Las	st Name, First Name, M	iddle Name for Individ	duals) (Registered N	lame for Non-I	ndividuals)
4 Registered Address ► Tanza, Cavite	9					4A Zi	ip Code
5 Foreign Address						5A Zi	ip Code
6 Taxpayer	00 1705	The state of the s	Payor Information				
Morningagon (4011)00	98 705 ATER DISTRIC	0,0,00					
r Payors Name ▶ IANZA WA		t Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	lame for Non-I	ndividuale	
8 Registered Address A. Soriano	Highway, Tanz				actio for 1071-s		p Code 4 1 0 8
PARTII	Deta	ails of Monthly Income			luarter	Topics and a continue and	
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	ME PAYMENTS 3rd Month of	Total		Tax Withheld
		the Quarter	the Quarter	the Quarter	TOTAL		For the Quarter
	WC640	6,552.00	6384.00	7,728.00	20,6	64.00	413.28
					THE RESIDENCE OF THE SERVICE SERVICE SERVICE AND ADDRESS OF THE SERVICE AND		
						\dashv	
						-	
							SECULATION CONTRACTOR

otal		6,552.00	6,384.00	7,728.00	20,66	4.00	413.28
Money Payments Subject to Withholding of Business Tax (Government & Private)							
				-Toho, special control of the contro			
	No. of the Contract of the Con	***************************************					
							Material designation of Material and 2004 and a second of the Contract and an information of the contract and an informat
							Security Control of Co
	a distribution of the state of						Not account to And Annual Control of the Annual Annual Control of the Annual An
					The state of the s		
					Personnes des signes en la gradia de la companya de		
	Anni de como d						
otal							·
We declare, under the penalties of perju ursuant to the provisions of the National Inte	ury, that this certific	cate has been made in	good faith, verified by	me, and to the best	t of my knowled	dge and b	elief, is true and correct,
	m though	wa	e regulations issued t				
	LANIE P. BOE ayor's Authorized F		1	10 Div	rision Manage	r B - ACN sition of S	
(Sig	gnature Over Printe	ed Name)			i iseri U	JINOH OF O	i Surgion à
onforme:							
	yee's Authorized F			***************************************	Dat	e Signed	

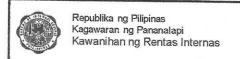


1 For the Period	7 (MM/DD/Y	Y) To	▶ 03	31 17	(MM/DD/YY)		(1100)
Part 1 2 Taxpayer 2 7 6 9	07 136	NO CONTROL OF THE PARTY OF THE	Payee Information		(MINIODO/TT)		
Identification Number 3 Payee's Name VITONIO,] [40,0,_]					
	(La	st Name, First Name, M	iddle Name for Indivi	duals) (Registered N	lame for Non-I		
Foreign Address Foreign Address Foreign Address	9					4A Zip	*
			Payor Information			5A Zip	Code
	98 705 ATER DISTRIC	0,0,0,0					
8 Registered Address A. Soriano	(Las Highway, Tan	st Name, First Name, Mi za, Cavite	iddle Name for Individ	duals) (Registered N	lame for Non-In	dividuals) 8A Zip	Code 4 1 0 8
PART II Income Payments Subject to	Deta	ails of Monthly Income			uarter		
Expanded Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		Tax Withheld For the Quarter
	WC640	6,888.00	6720.00	7,392.00	21,00	00.00	420.0
					The season of th	***************************************	
otal		6,888.00	6,720.00	7,000,00	84.00		
Money Payments Subject to Withholding		3,000.00	0,720.00	7,392.00	21,00	3.00	420.00
of Business Tax (Government & Private)							
		The state of the s					
					Marie Ma		
							deposits the second
				No.			
We declare, under the penalties of perjuirsuant to the provisions of the National Inte	ury, that this certification of the control of the	de, as amended, and the	e regulations issued (under authority there	of my knowled		
Payor/Pa	yor's Authorized nature Over Print	Representative	an magana gang kamana gang kangsangka dinagan	Acceptance of the Control of the Con	on a recommendation of the contract of the con	sition of Sig	and the state of the contract
onforme: Payee/Pa	yee's Authorized I	Representative			Date	e Signed	

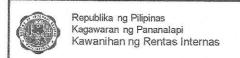


1 For the Period						March 2003 (ENCS)
From • 04 0 1 1	7 (MM/DD/Y	Y) To	▶ 06	30 17	###DD000	
Part I		The state of the s	Payee Information		(MM/DD/YY)	
2 Taxpayer ► 4 1 5 5	33 706	000,				
T -	MARCELO N.	JR.				
		st Name, First Name, M	iddle Name for Indivi	duals) (Registered N	lame for Non-Indi	viduals)
4 Registered Address ➤ Tanza, Cavite	а		The state of the s			4A Zip Code
5 Foreign Address ►						5A Zip Code
			Payor Information			» L
6 Taxpayer Identification Number ▶ 0 0 1 8	98 705	0000				
	ATER DISTRIC					- Armes Williams and Commission of the Commissio
		t Name, First Name, Mi	ddle Name for Individ	Juals) (Pagistared N	onso for Non-to-ti-	-, ,
Registered Address ► A. Soriano	Highway, Tanz	za, Cavite	and the street	really (registered re		8A Zip Code 4 1 0 8
PARTII	Deta	ails of Monthly Income	Payments and Tax	Withheld for the O	uarter	b
Income Payments Subject to	ATC		AMOUNT OF INCO		and C.	
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
	WC640	7,056.00	the Quarter 5712.00	the Quarter	20,450	For the Quarter
		7,000.00	3712.00	9,690.24	22,458.2	24 449.17
					(Tribe Prince State)	
					Manager Special Control of the Contr	
					The special designation of the special section of the special sectin	
					Will a state of the state of th	
otal		7,056.00	5,712.00	9,690.24	22,458.2	4 449.17
Money Payments Subject to Withholding						
of Business Tax (Government & Private)						
				-		
	CONTRACTOR					

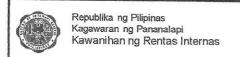
					The second secon	
				30 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
				1		+
otal				1	The second secon	
We declare, under the penalties of perju	ary, that this certific	cate has been made in	good faith, verified by	me, and to the best	of my knowledge	and belief, is true and correct,
ursuant to the provisions of the National Inte	rnal Revenue Cod	ie, as amended, and the	e regulations issued ι	under authority there	eof.	
	LANIE P. BOB		1	0 Div	ision Manager B	
	yor's Authorized Finature Over Printe				Title/Position	on of Signatory
(0.9		-				
onforme:						
	yee's Authorized F				Date S	igned



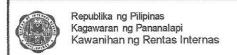
1 For the Period Prom 0 1 0 1 1	7] 44400000		▶ 03	31 17			THE PROPERTY OF THE PROPERTY O
Part I	· (MM/DD/Y		Payee Information		(MM/DD/YY)		
Identification Number 4,15 5	33 706	000					
, villacióno,	MARCELO N.	JR. st Name, First Name, M	iddle Name for Indivi	duals) (Registered N	Name for Non-J	ndividuale	
4 Registered Address > Tanza, Cavite					tamo lor reom	4A Zir	
5 Foreign Address						5A Zip	Code
6 Taxpayer D.0.1 8	98 705	0,0,0,0	Payor Information				
	TER DISTRIC						
	(Las	t Name, First Name, M	iddle Name for Individ	duals) (Registered N	lame for Non-l		
PART II						8A Zip	Code 4 1 0 8
Income Payments Subject to	ATC	ails of Monthly Income	AMOUNT OF INCO		luarter		
Expanded Withholding Tax		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		Tax Withheld For the Quarter
	WC640	6,552.00	6552.00	7,728.00	20,8	32.00	416.6
	Manager and Manage				***************************************		
	and the same				The second secon		
Total Money Payments Subject to Withholding		6,552.00	6,552.00	7,728.00	20,83	2.00	416,64
of Business Tax (Government & Private)							
							VIII.
						-	
				1	**************************************	- Control	
communication of an experience are presented trace of experience or some year for exercising contraction and place or contraction of the experience of the e			At an extraordistation of more reconstruction and agreement of the second		~~~~		
otal We declare, under the penalties of perju	ry, that this certific	cate has been made in	good faith, verified by	me, and to the best	t of my knowled	dge and be	olief, is true and correct,
ursuant to the provisions of the National Inter	mal Revenue Coo Mile P. BOE	te, as amended, and th	e regulations issued	under authority there	eof.		
Payor/Pay	or's Authorized I	Representative	** This control is a company to the control of the	10 Div	rision Manage Title/Po	r B - ACMI	
(Sigi	nature Over Printe	ed Name)					9
onforme:	and A. M						
	ree's Authorized F nature Over Printe				Dat	e Signed	



From Lili	7 (MM/DD/YY	CONTROL OF THE PROPERTY OF THE		30 17 (MM/DD/YY)	
identification Number	07 982	00,0	Payee Information			
4 Registered Address ➤ Tanza, Cavite		D. t Name, First Name, M	ddle Name for Individ	luals) (Registered N		duals) A Zip Code
5 Foreign Address ➤	Prince of the second se					A Zip Code
7 Payor's Name TANZA WA	TER DISTRIC	0,0,0,0 T t Name, First Name, Mi	Payor Information	luals) (Registered Na		duals) A Zip Code 4 1 0 8
PARTII	Deta	ils of Monthly Income	Payments and Tax	Withheld for the Q	uarter	
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the Quarter	AMOUNT OF INCO 2nd Month of the Quarter	ME PAYMENTS 3rd Month of the Quarter	Total	Tax Withheld For the Quarter
	WC640	6,048.00	6384.00	7,215.60	19,647.6	0 392.95
Total Money Payments Subject to Withholding of Business Tax (Government & Private)		6,048.00	6,384.00	7,215.60	19,647.60	392.95
Payor/Pa	ury, that this certification of the control of the	de, as amended, and the BADILLA Representative	e regulations issued	under authority there	oof. ision Manager B	n Adelman Andrews
Conforme:	yee's Authorized I			Name and the second	Data C:	aned
	iyee's Authorized i				Date Si	yned

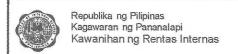


		ATT THE THE TAXABLE PROPERTY.					TEATON ZOOC (ENGO)
From 0 1 0 1 1	7 (MM/DD/YY	n To	▶03	31 17	48.4/DD 000		
Part I	(INNUDE) [1	rates and a real particular and a real particular description of the particular and a second state of the second	Payee Information	(VIM/DD/YY)		
2 Taxpayer 2 3 1 0	07 982	000		The state of the s			
Γ	Z, ROSALINA						
		st Name, First Name, M	iddle Name for Individ	tuals) (Registered Na	me for Non-l	ndividuals	
4 Registered Address > Tanza, Cavite		The second secon					ip Code
5 Foreign Address						5A Z	ip Code
			Payor Information			Commence and	
6 Taxpayer 0 0 1 8	98 705	0000					
(WWW.MISSORVITTEMITEWAT	ATER DISTRIC						
I alara della		t Name, First Name, Mi	ddle Name for Individ	Juals) (Registered Na	mo for Non I	religiety ode	
Registered Address A. Soriano	Highway, Tanz		and reality for marrie	dais) (registered 186	ine to Non-ii		ip Code 4 1 0 8
PARTII	A Contract of the Contract of	ils of Monthly Income	Payments and Tax	Withheld for the Or	arier		PL:
Income Payments Subject to	ATC		AMOUNT OF INCO	and the second s		T	
Expanded Withholding Tax	AIG	1st Month of	2nd Month of	3rd Month of	Total		Tax Withheld
	MOCAO	the Quarter	the Quarter	the Quarter			For the Quarter
	WC640	6,552.00	6377.70	7,392.00	20,3	21.70	406.43
							and the second
		-				-	
					The National Action and the State of the Sta		
						_	
otal		6,552.00	6,377.70	7,392.00	20,32	1 70	406.43
Money Payments Subject to Withholding		0,002.00	0,077.70	1,00£.00	20,32	1.70	406.43
of Business Tax (Government & Private)							
					Mariot and a second a manning and		
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						$\neg \vdash$	
	-	REPORT OF THE PARTY OF THE PART	- Annual Control of the Control of t				
		APP		value and a second seco		_	
	- Indiana	And Water 1996		4		WALLES CO.	
-\$r.1							
otal We declare, under the penalties of perju	ary, that this certifi	cate has been made in	good faith, verified by	me, and to the best	of my knowle	dge and F	pelief, is true and correct
ursuant to the provisions of the National Inte	ernal Revenue Coo	de, as amended, and th	e regulations issued i	under authority there	of.	-g- and t	is a de dila contect,
9 MEI	postfod ANIE P. BOE	BADILLA		10 Divis	sion Manage	rB-AC	MD
Payor/Pa	yor's Authorized F	Representative	T TOWN TO THE PARTY AND THE PA	1 Sept 12 1			Signatory
	nature Over Printe						SOURCE OF SEL
onforme:					•		
	yee's Authorized F			***************************************	Dat	e Signed	
Cin	nature Over Printe	AMELA NO					

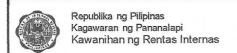


From 04 0 1 1	7 (MM/DD/YY)) То	▶ 06 3	30 17 /	MM/DD/YY)	
Part I	(((((((((((((((((((((((((((((((((A CANADA E SANCE AND A SANCE A	Payee Information	<u> </u>		
2 Taxpayer > 2 3 1 0	07 982	0.0.0				
identification runner	Z, ROSALINA D		- Colonia Colonia			
NODRIGUE		t Name, First Name, Mi	ddle Name for Individ	uals) (Registered Na	ame for Non-Indiv	iduals)
4 Registered Address > Tanza, Cavite	and the second s	indine, i her idine, in				4A Zip Code
						5A Zip Code
5 Foreign Address >			Payor Information			
6 Taxpayer	00 1705		ayor imormation			
raciumoanon rannoci		0,0,0,0		and the second of the second o		
7 Payor's Name ► TANZA WA	TER DISTRIC					
8 Registered Address A. Soriano	Last Highway, Tanz	t Name, First Name, Mi za, Cavite	ddle Name for Individ	uals) (Registered Na		BA Zip Code 4 1 0 8
PARTII		ils of Monthly Income	Payments and Tax	Withheld for the Q	uarter	
Income Payments Subject to	ATC		AMOUNT OF INCO	ME PAYMENTS		
Expanded Withholding Tax	AIC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld For the Quarter
	WC640	the Quarter 6,048.00	the Quarter 6384.00	7,215.60	19,647.0	
	VVC640	6,048.00	6364.00	7,213.00	13,047.	70 302.00
						Manager Special relations are appropriate for the effective section of the process of the proces
		And the state of t				
						Committee Commit
					······································	
					THE STREET STREET	
Total		6,048.00	6,384.00	7,215.60	19,647.0	60 392.95
Money Payments Subject to Withholding						
of Business Tax (Government & Private)						
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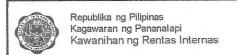
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We declare, under the penalties of per	jury, that this certif	ficate has been made in	good faith, verified b	y me, and to the bes	st of my knowledg	e and belief, is true and correct,
pursuant to the provisions of the National Inf			he regulations issued	under authority ther	reof.	
9 ME	LANIE P. BO	BADILLA		10 Dir	vision Manager I	B - ACMD
Payor/P	ayor's Authorized	Representative		A		tion of Signatory
(Si	ignature Over Prin	ted Name)				
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	ayee's Authorized				Date	*



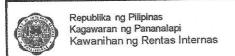
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3 Payee's Name REAL, MAR	JORIE ANN P.					
4 Registered Address ► Tanza, Cavite		Name, First Name, M	iddle Name for Individ	luals) (Registered N		duals) A Zip Code
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5 Foreign Address ▶	and the first of t				5	A Zip Code
6 Taxpayer		rando de la companya	Payor Information			
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7 Payor's Name ► TANZA WA	TER DISTRIC					
8 Registered Address A Soriano	Last) Highway, Tanz	Name, First Name, M	iddle Name for Individ	uals) (Registered N		duals) A Zip Code 4 1 0 8
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PART II Income Payments Subject to	Deta	ils of Monthly Income	AMOUNT OF INCO		uarter	· · ·
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9 ME	M frfor LANIE P. BOE	della	2 3	10 Dis	ricion Manager R	- ACMD
Payor/Pa	ayor's Authorized	Representative	Quickment instruction during a minimately	10 Div	rision Manager B Title/Position	on of Signatory
(Sig	gnature Over Print	ed Name)				
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Payee/Pa	yee's Authorized I	Representative		The second secon	Date Si	gned



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<u> </u>		st Name, First Name, Mi	ddle Name for Individ	uals) (Registered N	ame for Non-Indi	viduals)
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5 Foreign Address >						5A Zip Code
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Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
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oursuant to the provisions of the National In	ternal Revenue C	ode, as amended, and t	ne regulations issued	under authority the	reor.	
9 MI	ELANIE P. BC	DBADIL I A		10 Di	vision Manager	B - ACMD
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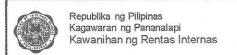
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1 For the Period	7) To	▶ 06 3	30 17	MM/DD/YY)	
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2 Taxpayer	33 964	000				
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3 Payee's Name RANCE, RA	MON RODOLF	t Name, First Name, Mi	ddle Name for Individ	uals) (Registered N	ame for Non-Individu	ials)
4 Registered Address ► Tanza, Cavite	E William .				4A	Zip Code
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6 Taxpayer	98 705	0000				
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7 Payor's Name TANZA WA	TER DISTRIC	, I t Name, First Name, Mi	addle Name for ladivid	uals) (Registered N	ame for Non-Individu	ISIS)
8 Registered Address A. Soriano I			due rame in marro	daso, (regionorea re	8A	Zip Code 4 1 0 8
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PART II Income Payments Subject to		ms of monthly income	AMOUNT OF INCO			
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		the Quarter	the Quarter	the Quarter	40.445.00	For the Quarter 368.31
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		8,167.08	3,474.00	6,774.28	18,415.36	368.31
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						COUNTY OF THE PROPERTY OF THE
Total						
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nursuant to the provisions of the National In	ternal Revenue Co	ode, as amended, and	the regulations issued	d under authority the	ereof.	
9 ME	LANIE P. BO	BADILLA		10 D	ivision Manager B	
Payor/F	Payor's Authorized	d Representative	AND DESCRIPTION OF THE PARTY OF	BANKS TO THE TOTAL OF THE TOTAL	Title/Positio	n of Signatory
(5	igitature Over Pfil	ned wante)				
Conforme:				National Professional Professional Residence (National Professional Pr		
	ayee's Authorized				Date Si	gned



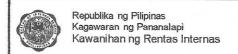
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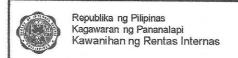
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Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
Expanded withholding tax		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	7,592.00	8678.00	10,290.00	26,560.00	531.20
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		7,592.00	8,678.00	10,290.00	26,560.00	531.20
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9 N	ELANE P. BO	OBADILLA		10 🗀	hivision Manager B - Title/Position	
Payor (/Payor's Authorize Signature Over Pr	ed Representative inted Name)			Hue/Position	vi vignavi j
Conforme:		ad Danwa- a tati			Date Sig	ned
Payee	Payee's Authorize Signature Over Pr	ed representative			2410 019	
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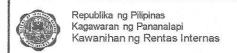
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Part1		F	Payee Information		The state of the s	
2 Taxpayer Identification Number O O O O	000	0,0,0,				
3 Payee's Name RAMOS, AN	IDRIANO S.					
4 Registered Address ➤ Tanza, Cavite	(Last	Name, First Name, Min	ddle Name for Individ	uals) (Registered N	ame for Non-Individua	als) Zip Code
5 Foreign Address ▶				in the section of the	5A	Zip Code
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8 Registered Address A. Soriano I	the contract of the contract o	Name, First Name, Mic a Cavite	adle Name for Individ	uals) (Registered N		Zip Code 4 1 0 8
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PART II Income Payments Subject to		ns of monthly meome	AMOUNT OF INCO		COLUMN TO THE PARTY OF THE PART	
Expanded Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld For the Quarter
	WC640	9,408.00	8736.00	11,256.00	29,400.00	588.00
Total		9,408.00	8,736.00	11,256.00	29,400.00	588.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
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Conforme: Payee/Pa	ury, that this certification of the certification o	ide, ás amended, and the BADILLA Representative ted Name) Representative	l good faith, verified b he regulations issued	ry me, and to the be under authority the	st of my knowledge ar reof. vision Manager B - A Title/Position Date Sign	ACMD of Signatory



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2 Taxpayer 0 0 0 0 0	000	0,0,0,				enter entre de la constante de
3 Payee's Name ► RAMOS, A	NDRIANO S.					
4 Registered Address ► Tanza, Cavite		st Name, First Name, M	iddle Name for Individ	duals) (Registered I	Name for Non-Inc	lividuals) 4A Zip Code
5 Foreign Address						5A Zip Code
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6 Taxpayer Identification Number ■ 0 0 1 8	98 705	0,0,0,0				
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8 Registered Address A Soriano		st Name, First Name, M	iddle Name for Individ	duals) (Registered N	Name for Non-Ind	
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	WC640	the Quarter 8,484.00	the Quarter 8904.00	the Quarter 11,256.00	28,644	For the Quarter 4.00 572.88
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		a la company				
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9 MEI	LANE P. BOE	dilla BADILLA	,	10 Di	vision Manager	B - ACMD
Payor/Pa (Sic	yor's Authorized gnature Over Print	Representative	AND THE PROPERTY OF THE PROPER			tion of Signatory
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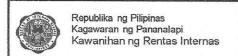


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3 Payee's Name ► PORCIONC	ULA, SHERWI				4			
4 Registered Address Fanza, Cavite		st Name, First Name, M	iddle Name for Indiv	iduals) (Registered	Name for Non-I		s), ip Code	
5 Foreign Address ▶	W					5A Z	ip Code	
			Payor Information				*	
6 Taxpayer Identification Number ▶ 0 0 1 8	98 705	0,000						
7 Payor's Name ► TANZA WA	ATER DISTRIC							
8 Registered Address A. Soriano	Las Highway, Tanz	it Name, First Name, M za, Cavite	iddle Name for Indiv	iduals) (Registered	Name for Non-I		s) ip Code	4 1 0 8
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	WC640	4,368.00			4,3	68.00		87.36
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of Business Tax (Government & Private)								
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9 MEL	LANIE P. BOE	dilla BADILLA			ivision Manage	er B - ACI	MD	
Payor/Pa (Sig	yor's Authorized I nature Over Printe	Representative ed Name)			Title/Po	sition of S	Signatory	NAME OF THE PARTY
Conforme:	yon's Authorized	Paprocaptatius	111111111111111111111111111111111111111			- 5'		
Payee/Pa	yee's Authorized F	representative			Dat	e Signed		



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3 Payee's Name PORCIONC	ULA, ALWYN 1					
4 Registered Address > Tanza, Cavite	***************************************	t Name, First Name, Mi	ddle Name for Individ	luals) (Registered Na	and the same of th	viduals) 4A Zip Code
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5 Foreign Address ▶						5A Zip Code
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S Taxpayer 0 0 1 8	98 705	0000				
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		the Quarter	the Quarter	the Quarter		For the Quarter
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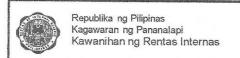
Total		7,553.00	7,692.00	8,732.00	23,977.	00 479.54
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of Business Tax (Government & Private)						
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					HOREON SELECTION OF THE PROPERTY OF THE PROPER	
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We declare, under the penalties of perj	ury, that this certifi	icate has been made in	good faith, verified by	y me, and to the best	of my knowledg	e and belief, is true and correct,
oursuant to the provisions of the National Inte	ernal Revenue Co	de; as amended, and tr	ne regulations issued	under authority there	Of.	
9 ME	perfolati LANIE P. BOB	BADILLA		10 Divi	sion Manager	B - ACMD
Payor/Pa	ayor's Authorized	Representative	CONTRACTOR			tion of Signatory
(Sig	gnature Over Print	red Name)				
Conforme:			and the state of the state of the larger species as with the state of the			- Anne
PARTICIPATION FOR THE	ayee's Authorized	Representative		***************************************	Date	Signed
	ayee a numonized i				Date	



4 5 4 5 1				***************************************		
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7 Taynayer I II					and the second s	
Identification Number	79 745	000				
3 Payee's Name ► PORCIONC	ULA, ALWYN					
	(Las	t Name, First Name, M	iddle Name for Individ	luals) (Registered Na	me for Non-Indi	viduals)
4 Registered Address ► Tanza, Cavite		Performance of the Control of the Co				4A Zip Code
						FA 75 Code
5 Foreign Address						5A Zip Code
			Payor Information			
6 Taxpayer Identification Number 0 0 1 8	98 705	0000				
7 Payor's Name TANZA WA						
TANZA VVA			1. N. K	1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
8 Registered Address A Sociano I		t Name, First Name, Mi	iddle ivame for individ	iuais) (registered Na		
A. Soriano I	ngnway, ran⊿	za, Cavile				8A Zip Code 4 1 0 8
PARTII	Deta	ils of Monthly Income	Payments and Tax	Withheld for the Qu	ıarter	
Income Payments Subject to	ATC		AMOUNT OF INCO	ME PAYMENTS		
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	7,070.00	6820.00	8,968.00	22,858	.00 457.16
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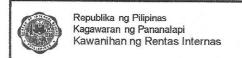
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[otal		7,070.00	6,820.00	8,968.00	22,858.	00 457.16
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We declare, under the penalties of perju	ury, that this certif	icate has been made in	good faith, verified by	y me, and to the best	of my knowleda	e and belief, is true and correct.
ursuant to the provisions of the National Inte	rnal Revenue Go	de, as amended, and th	ne regulations issued	under authority there	of.	, , , , , , , , , , , , , , , , , , , ,
	pulota	diller				
	ANIE P. BOI		Seal resolves a construction and construction of a seal of a	10 Divi	sion Manager	
	yor's Authorized nature Over Print				Title/Posi	tion of Signatory
(3		ovicelle community				
onforme:						743
Payee/Pa	yee's Authorized	Representative	E Company of the Comp		Date	Signed
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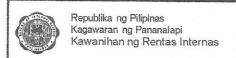
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Part I	Approximated (1999) September 1		Payee Information		MINI/DUITT)		
2 Taxpayer ► 186 2	16 220	0,0,0	nemeka kempia pinyangan menangan menerika				
identification Number		[G G G _]					
3 Payee's Name ► PITONG, RI	EYNALDO C.						
	(Las	t Name, First Name, M	iddle Name for Individ	duals) (Registered N	ame for Non-In	dividuals)	
4 Registered Address ► Tanza, Cavite						4A Zip Cod	e
5 Foreign Address >						5A Zip Cod	e
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6 Taxpayer			Payor Information				
Identification Number • 0,0,1 8	98 705	0,0,0,0					
	TER DISTRIC	T T	4				
		t Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	ame for Non-In	dividuals)	
8 Registered Address A. Soriano I	Highway, Tanz			, (8A Zip Cod	e 4 1 0 8
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PART II Income Payments Subject to	Deta	ils of Monthly Income		APPO SEPTIMENTO DE CONTROL DE LA COMPANSIONE DEL COMPANSIONE DE LA	uarter	Market versigte british ramide be	
Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO				
Expanded Withholding Tax		the Quarter	2nd Month of	3rd Month of	Total		Tax Withheld
	WC640	8,246.00	the Quarter 7356.00	the Quarter	0E 00		For the Quarter
	VVC040	0,240.00	7556.00	10,094.00	25,69	10.00	513.92
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	A TOTAL CONTRACTOR OF THE PARTY						
Fotal Comments of the Comments		8,246.00	7,356.00	10,094.00	25,69	6.00	513.92
Money Payments Subject to Withholding							
of Business Tax (Government & Private)							
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					MARTINI, NEWSCHOOL AND STORMAN OF THE STANDARD S		
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			- Company				
otal							
We declare, under the penalties of perju	ıry, that this certifi	cate has been made in	good faith, verified by	me, and to the best	of my knowled	lge and belief,	is true and correct,
ursuant to the provisions of the National Inte	rnal Revenue Cod	de, as amended, and th	e regulations issued	under authority there	eof.		
9 MEI	pulvlad LANIE P. BOE	BADILLA	2.8	10 Div	ision Manage	B-ACMD	
Payor/Pa	yor's Authorized f	Representative	and the first of the state of t			sition of Signate	DIV
(Sig	nature Over Printe	ed Name)			i salves Or	or orginal	- J
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	yee's Authorized F			mi disassimes	Date	e Signed	



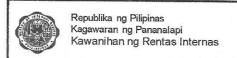
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1 For the Period Prom 0 1 0 1 1	7	A T	▶ 03	31 17			
Part	(MM/DD/YY	ESECUTION AND MARKET MARKET AND	Payee Information		(MM/DD/YY)		
7 Taypayar F	16 220						
identification Number		000					
3 Payee's Name ► PITONG, R	EYNALDO C.						
		t Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	lame for Non-Inc		
4 Registered Address Tanza, Cavite)					4A Zip Code	
5 Foreign Address ▶			to a construction in the second secon			5A Zip Code	
			Payor Information			* _	
6 Taxpayer	0015057		ayor information				
Identification Number	98 705	0,0,0,0					
7 Payor's Name ► TANZA WA	ATER DISTRIC	T					
	(Las	t Name, First Name, Mi	ddle Name for Individ	uals) (Registered N	ame for Non-Ind	lividuals)	
8 Registered Address A. Soriano	Highway, Tanz	za, Cavite				8A Zip Code 4	1 0 8
PART II	Deta	ils of Monthly Income	Payments and Tax	Withheld for the Q	uarter	and the same of th	
Income Payments Subject to			AMOUNT OF INCO				
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax W	ithheld
		the Quarter	the Quarter	the Quarter		For the	Quarter
	WC640	7,974.00	7188.00	9,304.00	24,466	00.8	489.32
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Fotal		7,974.00	7,188.00	9,304.00	24,466	00	489.32
Money Payments Subject to Withholding		1,074.00	7,100.00	0,004.00	24,400	.00	403.32
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oursuant to the provisions of the National Inte	ury, mat mis cerun ernal Revenue Co	cate has been made in de. <i>a</i> s amended, and th	good raith, verified by e redulations issued	/ me, and to the bes under authority then	t of my knowled: eof	ge and belief, is true a	nd correct,
	m Soloro	lilla	3				
9 ME	LANE P. BOE	BADILLA		10 Div	rision Manager	B - ACMD	
Payor/Pa	ayor's Authorized	Representative		************	Title/Pos	ition of Signatory	
(Sig	gnature Over Print	eu ivame)					
onforme:							
	ayee's Authorized	Representative	TO CHART PLANT AND	***************************************	Data	Signed	
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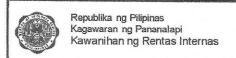


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Part I 2 Taxpayer	08 389		Payee Information				
identification (valide)	YRUS ANJELO	[000]					
PERDO, A		st Name, First Name, M	iddle Name for Individ	duals) (Registered I	Name for Non-In	dividuals)	
4 Registered Address Fanza, Cavite						4A Zip Code	
5 Foreign Address >						5A Zip Code	
6 Taxpayer			Payor Information				
Identification Number • 0,0,1 8	98 705	0,0,0,0					
7 Payor's Name ► TANZA W/	ATER DISTRIC	t Name, First Name, M	iddle Name for Individ	fuals) (Panietana)	lama far Nan In	dividuals)	
8 Registered Address A. Soriano	Highway, Tanz		water tallio for more	idady (registored i	varie for reorient	8A Zip Code	4 1 0 8
PARTII	Deta	nils of Monthly Income	Payments and Tax	Withheld for the	Quarter		
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	ME PAYMENTS 3rd Month of	Total		ıx Withheld
		the Quarter	the Quarter	the Quarter	Total		the Quarter
	WC640	6,552.00	6197.52	7,544.04	20,29	3.56	405.87
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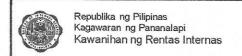
Fotal .		6,552.00	6,197.52				
Money Payments Subject to Withholding		0,302.00	6,197.52	7,544.04	20,29	5.00	405.87
of Business Tax (Government & Private)							
		HT-D					
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otal					The state of the s		
We declare, under the penalties of perj ursuant to the provisions of the National Int	ernal Revenue Co	de, as amended, and th	good faith, verified by ne regulations issued	y me, and to the bes under authority the	st of my knowled reof.	ge and belief, is to	rue and correct,
	LANIE P. BOE			10 Di	vision Manager	B-ACMD	noonicamental participants
	ayor's Authorized gnature Over Print		- 10 - Antonia de Anto	94497011 2 - 10 to 464 (1444 Albert A	Title/Pos	ition of Signatory	
onforme:			ACT THE CONTROL OF TH		T. Company and the company of the co		
	ayee's Authorized I		***************************************		Date	Signed	



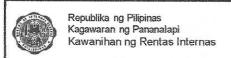
1 For the Period 0 1 0 1 1	7] ansocra		▶ 03	21 117 1				
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2 Taxpayer	08 389	0,0,0				-		
r	YRUS ANJELO							
4 Registered Address ► Tanza, Cavite		st Name, First Name, M	iddle Name for Individ	duals) (Registered Nar	me for Non-l			, ,
	1						Zip Code	
5 Foreign Address				3000 State Sta		5A	Zip Code	
6 Taxpayer 0 0 1 8	98 705	0000	Payor Information			James James St.		
	ATER DISTRIC							
I Ayor Crissing PLANZA WA		t Name, First Name, Mi	ddle Name for Individ	duals) (Registered Nar	ne for Non-l	rdividus	als)	
8 Registered Address A. Soriano	Highway, Tanz						Zip Code	4 1 0 8
PARTII	Deta	ails of Monthly Income		Completed Manager of the Complete Compl	arter			
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	ME PAYMENTS 3rd Month of	Total		Tay	Withheld
		the Quarter	the Quarter	the Quarter				he Quarter
	WC640	5,844.30	6384.00	7,727.58	19,9	55.88		399.12
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fotal	Programme and the second	5,844.30	6,384.00	7,727.58	19,9	5.88		399.12
Money Payments Subject to Withholding of Business Tax (Government & Private)								
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otal						-		
We declare, under the penalties of perju ursuant to the provisions of the National Inte	iry, that this certific	cate has been made in	good faith, verified by	me, and to the best o	f my knowle	dge and	l belief, is tru	e and correct,
0 1451	profile LANIE P. BOE	dilla						
Payor/Pa	yor's Authorized F	Representative	COLUMN CONTROL OF LANDSCAN CONTROL CON	10 Divis	ion Manage Title/Po		CMD f Signatory	
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onforme:								
	yee's Authorized Finature Over Printe			The second secon	Dat	e Signe	d	



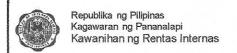
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1 For the Period • 01 0 1 1	7]		▶ 03 :	31 17			
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2 Taxpayer	11 814	0,0,0,					
identification realities		[0,0,0,]					
3 Payee's Name ► NOVIO, R							
4 Registered Address Tanza, Cavite		t Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	lame for Non-I		s) ip Code
	3					4A ZI	p code
5 Foreign Address >						5A Zi	ip Code
			Payor Information				
6 Taxpayer 0 0 1 8	98 705	0,000					
	ATER DISTRIC	T					
		t Name, First Name, Mi	ddle Name for Individ	uals) (Registered N	lame for Non-I	ndividuals	3)
8 Registered Address A. Soriano	Highway, Tanz			***************************************			p Code 4 1 0 8
PART II	Deta	ils of Monthly Income	Payments and Tax	Withheld for the G	luarter	.)	was a second of the second of
Income Payments Subject to	Territoria I		AMOUNT OF INCO				
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total		Tax Withheld
		the Quarter	the Quarter	the Quarter			For the Quarter
	WC640	6,552.00	6720.00	8,462.58	21,7	34.58	434.69
	 						
					anthopic visco announced more contract washing		
				PARTICIPATION - M. CARLOS - DIVING - STATE - CONTROL - STATE - CONTROL - CON	NAME AND ADDRESS OF THE OWNER.		Orwinologia demokratiko era ez 20-terre alderio ateologia erenzi westo eyek izonegia, era erene era era era er
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Total	 	6,552.00	6,720.00	0.400.50	04.74	14.50	
Money Payments Subject to Withholding		6,552.00	8,720.00	8,462.58	21,73	34.58	434.69
of Business Tax (Government & Private)							
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							Analysis (Marchipelasis (Marchipelas
otal							
We declare, under the penalties of per	jury, that this certific	cate has been made in	good faith, verified by	me, and to the bes	t of my knowle	dge and b	pelief, is true and correct,
ursuant to the provisions of the National Int	ernai Revenue Coo	le, as amended, and in	e regulations issued i	under authority ther	eor.		
9 ME	LANIE P. BOE	BADILLA	3-4	10 Div	vision Manage	r B - ACI	MD
Payor/Pa	ayor's Authorized fignature Over Printe	Representative	privation industria gariesi kalananatee		Title/Po	sition of S	Signatory
(5)	gnature Over Printe	च्य (प्रवासाय)					
Conforme;							WALKS
Payee/Pa	ayee's Authorized F	Representative	DO THE LOCATION OF THE PARTY OF	Makin and reference residents are recorded as a record	Da	te Signed	



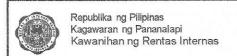
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Part I		The state of the same of the s	Payee Information	<u> </u>			
Identification Number	11 814	000					
3 Payee's Name ► NOVIO, R	YAN I.						<u> </u>
		st Name, First Name, M	iddle Name for Indivi	duals) (Registered N	lame for Non-In	dividuals)	
4 Registered Address > Tanza, Cavit						4A Zip Coo	de
5 Foreign Address							*
o i Sieigh Address						5A Zip Coo	ie 🛌
			Payor Information		and a second south considering who we		
6 Taxpayer Identification Number	398 705	0000					
	ATER DISTRIC	`T					
		t Name, First Name, Mi	4.0 81	4 1) (5		671 11	
8 Registered Address A Soriano	Highway, Tanz		dule Name for mulvi	udais) (Registered N	ame for ivon-in	8A Zip Coo	te [4 4 0 0]
<u> </u>			No.			OA 210 000	de 4 1 0 8
PART II	Deta	ils of Monthly Income	THE GOVERNMENT OF STREET THE RESIDENCE AND THE PROPERTY OF THE	NOTE THE PERSON OF THE PERSON	uarter		
Income Payments Subject to	ATC		AMOUNT OF INCO				SERVICE OF SERVICE SERVICES
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total		Tax Withheld
	WC640	7,056.00	the Quarter	the Quarter	24.22		For the Quarter
	44,0040	7,000.00	7560.00	9,723.00	24,33	9.00	486.78
	 						
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		7,250,00					
Fotal Money Payments Subject to Withholding		7,056.00	7,560.00	9,723.00	24,33	9.00	486.78
of Business Tax (Government & Private)							
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		TOTAL NEW YORK OF THE PARTY OF					
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ursuant to the provisions of the National In	ternal Revenue Co	de, as amended, and th	e regulations issued	under authority then	eof.	ige and belier,	is true and correct,
	ELANIE P. BOE		•				
				10 Div	rision Manage		
	ayor's Authorized gnature Over Print			37073333	Title/Pos	sition of Signat	tory
(8)	Sucreits Over Fillin	ou ranta)					
Conforme:							
Payee/P	ayee's Authorized I	Representative			Date	e Signed	
	gnature Over Printe						



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1 For the Period From 0 4 0 1 1	7 (MM/DD/YY) То	▶ 06	31 17	(MM/DD/YY)	
Part I			Payee Information			
2 Taxpayer Identification Number	00 000	000				
	REYMON J.					
		t Name, First Name, Mi	iddle Name for Individ	duals) (Registered N	lame for Non-Individu	tals)
1 Registered Address ► Tanza, Cavite					4A	Zip Code
5 Foreign Address >					<u> </u>	Zip Code
						>
6 Taxpayer		TOTAL SECTION AND AND AND AND AND AND AND AND AND AN	Payor Information	manayya ke sa ka		
Identification Number > 0,0,1 8	98 705	0,0,0,0				
7 Payor's Name ► TANZA W	ATER DISTRIC	T				
		t Name, First Name, Mi	ddle Name for Individ	duals) (Registered N		
Registered Address A. Soriano	Highway, Tanz	za, Cavite			8A	Zip Code 4 1 0 8
PART II	Deta	ils of Monthly Income	Payments and Tax	Withheld for the C	Quarter	
Income Payments Subject to	ATC -		AMOUNT OF INCO	ME PAYMENTS		
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
	Woode	the Quarter	the Quarter	the Quarter	24 525 44	For the Quarter
	WC640	7,056.00	7392.00	10,087.14	24,535.14	490.70
	and the second					
Fotal		7,056.00	7,392.00	10,087.14	24,535.14	490.70
Money Payments Subject to Withholding of Business Tax (Government & Private)						
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We declare, under the penalties of pe	rjury, that this certif	icate has been made ir	good faith, verified l	by me, and to the be	st of my knowledge a	nd belief, is true and correct,
surguent to the provisions of the National In	ternal Revenue Co	de as amended and t	he regulations issued	d under authority the	ereof.	
9 ME	ELANIE P. BOI	RADILA		10 D	ivision Manager B -	ACMD
	Payor's Authorized					of Signatory
	ignature Over Print					
Conforme:				MATERIAL STATE OF THE STATE OF		
	ayee's Authorized	Representative		-	Date Sig	ned
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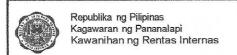


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Part I 2 Taxpayer Identification Number > 000 0	00 000	90,0	-ayee mnormauon			
rugitation (validati		1899-1				
3 Payee's Name ► MESTIZO,		t Name, First Name, Mi	ddle Name for Individ	uals) (Registered N	ame for Non-Individ	luals)
4 Registered Address ► Tanza, Cavite						A Zip Code
5 Foreign Address >				The state of the s	5/	A Zip Code
			Payor Information			
6 Taxpayer 0 0 1 8	98 705	0,0,00				
production and the second seco	ATER DISTRIC		and the second s		A CONTRACTOR OF THE CONTRACTOR	
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8 Registered Address A. Soriano	Highway, Tanz			THE CONTRACT OF THE PARTY OF TH		A Zip Code 4 1 0 8
PARTII	Deta	ils of Monthly Income	Payments and Tax AMOUNT OF INCO	and a supply of the control of the c	uarter	
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	6,552.00	6720.00	7,958.58	21,230.5	3 424.61
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		6,552.00	6,720.00	7,958.58	21,230.50	3 424.61
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nursuant to the provisions of the National In	ternal Revenue Co	de, as amended, and t	he regulations issued	under authority the	reof.	
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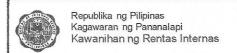


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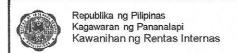


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B Registered Address ► A. Soriano	Highway, Tanz					Zip Code 4 1 0 8
PART II	Deta	ils of Monthly Income	Payments and Tax	Withheld for the Q	uarter	// - AL
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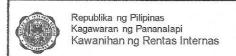
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oursuant to the provisions of the National Int	ternal Revenue Co	de, as âmended, and t	he regulations issued	under authority there	eof.				
0 3/45	LANIE P. BO	BADILLA		10 Div	rision Manag	er B - AC	MD		
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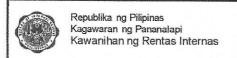
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8 Registered Address A. Soriano	Highway, Tanz	za, Cavite				8A Zip Code 4 1 0 8
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9 M	ELANIE P. BOI	BADILLA		10 D	ivision Manager	B - ACMD
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Conforme:				iii		E 12 11 11 11 11
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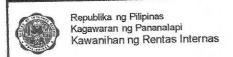


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Registered Address Tanza, Cavite						4M 4	ib Code	
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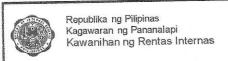
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ursuant to the provisions of the National Inte	ernal Revenue Co	de, as/amended, and th	e regulations issued	under authority there	eof.		
9 MEI	mbolog LANIE P. BOI	dula		10 0	ision Mana	r B . AC8*	n
	LANIE P. BOI			10 Div	ision Manage	r B - AGM sition of Si	
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Conforme:					· · · · · · · · · · · · · · · · · · ·		0300
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BIR Form No.

2307 March 2003 (ENCS)

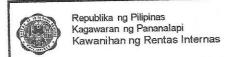
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Registered Address A. Soriano I		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			NA SA	Zip Code 4 1 0 8
PART II	Deta	ils of Monthly Income	Payments and Tax	Withheld for the Qu	arter	
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9 M	Payor's Authorize	OBADILLA ed Representative	AND THE PROPERTY OF THE PARTY O			on of Signatory
rayon (Signature Over Pi	rinted Name)				
	7					
Conforme: Payee	/Payee's Authorize	ed Representative	A CONTRACTOR OF THE PROPERTY O		Date S	gned
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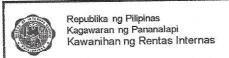
BIR Form No. 2307

March 2003 (ENCS)

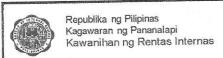
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	e/Payee's Authoriz Signature Over P	red Representative Printed Name			Date S	igned



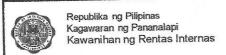
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9 N	MELANIE P. BO	OBADILLA			ivision Manag	
Pavoi	/Payor's Authorize	ed Representative	The second secon	And the second s	Title/Po	osition of Signatory
	(Signature Over Pr	inted Name)				
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BIR Form No. 2307

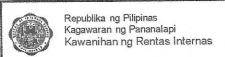
March 2003 (ENCS)

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Regislaced Address	Identification Number		<u> Т</u>				
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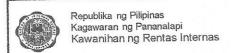
BIR Form No. 2307

For the Period ▶ 06 0 1 1 7 04 (MM/DD/YY) (MM/DD/YY) From Payee Information Part I Taxpayer 619 000 961 Identification Number HONRADA, ARMAN G. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals) 4A Zip Code 4 Registered Address > Tanza, Cavite 5A Zip Code 5 Foreign Address Payor Information taxpayer | 0 0 1 8 9 8 7 0 5 0 0 0 0 TANZA WATER DISTRICT 7 Payor's Name (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals) 8A Zip Code A. Soriano Highway, Tanza, Cavite 8 Registered Address Details of Monthly Income Payments and Tax Withheld for the Quarter PART II AMOUNT OF INCOME PAYMENTS Income Payments Subject to Tax Withheld 2nd Month of 3rd Month of 1st Month of **Expanded Withholding Tax** For the Quarter the Quarter the Quarter the Quarter 491.40 24,570.00 9,522.00 7238.00 7,810.00 WC640 491.40 24,570.00 7,238.00 9,522.00 7 810.00 Money Payments Subject to Withholding of Business Tax (Government & Private) We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as famended, and the regulations issued under authority thereof. MELANIE P. BOBADILLA Division Manager B - ACMD Title/Position of Signatory Payor/Payor's Authorized Representative (Signature Over Printed Name) Conforme: Date Signed Payee/Payee's Authorized Representative Signature Over Printed Name



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nursuant to the provisions of the National Ir	nternal Revenue C	ode, as amended, and	the regulations issue	d under authority the	reof.	
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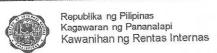


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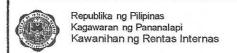
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March 2003 (ENCS)

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HERNANDEZ, NAPOLEON B. (Last Name, First Name, Middle Name for Intotricular) (Registered Name for Non-Intrividuals) Registered Address Tonza, Cavite Tonza, Cavite Sa 75e Code	Taxpayer	131 64	6 505	The same of the sa	ayee information		TOWN	
Registrated Address		HERNANDE	Z, NAPOLEON	IB.				
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Total To	Foreign Address >] 9A ZI	p Code
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Registered Address - A. Soriano Highway, Larza, Cavite - Debase in Soriano Highway, Larza, Cavite - Debase in Monthly Income Payments and Tax Withhold for the Quarter - MOUNT OF INCOME PAYMENTS - Total - Tax Withhold For the Quarter - The Q	r ujor a realite		(Las	t Name, First Name, Mic	ldle Name for Individu	uals) (Registered Nar	ne for Non-Individuals)
Recome Payments Subject to Expanded Withholding Tax WC640 10,080.00 10,080.00 10,080.00 10,080.00 10,080.00 30,240	Registered Address	A. Soriano I	Highway, Tan	za, Cavite			8A Z	p code
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of Business Tax (Government & Private)	Total			10,080.00	10,080.00	10,080.00	30,240.00	5,024.30
Total We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code. 4s amended, and the regulations issued under authority thereof. MELANIE P. BOBADILLA 10 Division Manager B - ACMD								
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the pest of my knowledge and other personal to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. 9 MELANIE P. BOBADILLA 10 Division Manager B - ACMD Payor/Payor's Authorized Representative (Signature Over Printed Name) Conforme: Payee/Payee's Authorized Representative Date Signed	of Business Tax (Govern	ment & Private)						
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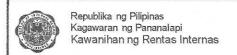
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Payee's Name MERNANDE	L, NAPOLEON (Last	Name, First Name, Mic	ddle Name for Individ	uals) (Registered Nam	e for Non-Individual	s)
Registered Address > Tanza, Cavite					4A 2	ip Code
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Registered Address A. Soriano I						Zip Code 4 1 0 8
PARTIL	Deta	ils of Monthly Income	Payments and Tax	Withheld for the Qua	rter	
Income Payments Subject to	ATC	1st Month of	AMOUNT OF INCO	3rd Month of	Total	Tax Withheld
Expanded Withholding Tax		the Quarter	the Quarter	the Quarter		For the Quarter
Was a subsection of the subsec	WC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00
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Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding						
of Business Tax (Government & Private)						
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Total We declare, under the penalties of pe	15 135	tiliaata haa baan mada	in good faith verified	by me, and to the bes	t of my knowledge a	I and belief, is true and correct,
pursuant to the provisions of the National II 9 M	nternal Revenue C North ELANIE P. BO	code, as amended, and Codella OBADILLA	I the regulations issue	ou under additionly inch	rision Manager B -	
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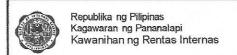
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3 Payee's Name ► HERNAND	EZ, NAPOLEON	VB.				Name of the Control o
	(Las	t Name, First Name, M	iddle Name for Individ	luals) (Registered N	ame for Non-Indi	ividuals)
4 Registered Address 🕨 Tanza, Cavite						4A Zip Code
5 Foreign Address >						5A Zip Code
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6 Taxpayer			Payor Information	ed more than expression of the second state of the second		
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PARTII	Deta	ils of Monthly Income			uarter	and the state of t
Income Payments Subject to	ATC		AMOUNT OF INCO			
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	1410040	the Quarter	the Quarter	the Quarter	00.010	For the Quarter
	WC640	10,080.00	10080.00	10,080.00	30,240	.00 3024.00
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l'otal		10,080.00	10,080.00	10,080.00	30,240	.00 3,024.00
Money Payments Subject to Withholding		10,080.00	10,000.00	10,080.00	30,240	3,024.00
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			nd Anna Comma District Command of the	10 Div	vision Manager	
	ayor's Authorized ignature Over Print				Title/Posi	ition of Signatory
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	ayee's Authorized	Representative			Date	Signed
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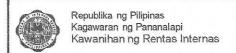


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2 Taypayor	00 1044					
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3 Payee's Name ➤ GREGORIO	, TERESITA P.					and the second s
	(Last	Name, First Name, Mi	ddle Name for Individ	luals) (Registered N		
4 Registered Address > Tanza, Cavite					4A	Zip Code
5 Foreign Address >					5A	Zip Code
				to the state of th		<u> </u>
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8 Registered Address A Soriano	Highway, Tanz					Zip Code 4 1 0 8
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PARTII	Deta	ils of Monthly Income	FOUR NUMBER ROOM AND DESCRIPTIONS WHERE A REPORT OF THE PROPERTY AND THE	and the second contract of the second contrac	luarter	
Income Payments Subject to	ATC	1st Month of	AMOUNT OF INCO	3rd Month of	Total	Tax Withheld
Expanded Withholding Tax		the Quarter	the Quarter	the Quarter	Total	For the Quarter
	WC640	6,216.00	6384.00	7,224.00	19,824.00	396.48
	1,00%	0,210.00				
				The state of the s		
					Addition of the Park of the Control	
		6,216.00	6,384.00	7,224.00	19,824.00	396.48
Total Money Payments Subject to Withholding		6,216.00	6,364.00	7,224.00	19,024.00	330,46
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or Dankers Tax (out time to a trace)						
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	LANIE P. BOI	della				
				10 Di	vision Manager B -	
	ayor's Authorized			And the second s	Title/Position	of Signatory
(5)	gnature Over Print	ou (Yallid)				
Conforme:						M 100 W 100
	ayee's Authorized	Representative			Date Sig	ned
	anature Over Print					

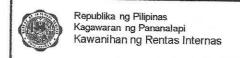


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Identification Number • 413	89 041	0,0,0,				
3 Payee's Name ► GREGORIO	, TERESITA P.					
		Name, First Name, M	iddle Name for Individ	Juals) (Registered N	lame for Non-Individu	ials)
4 Registered Address ► Tanza, Cavite					4A	Zip Code
						- « *
5 Foreign Address >					5A	Zip Code
			Payor Information			
6 Taxpayer 0 0 1 8	98 705	0000				
identification (vulnue)						
7 Payor's Name ► TANZA WA	ATER DISTRIC					
	(Last	Name, First Name, M	iddle Name for Individ	duals) (Registered N		
B Registered Address 🕨 A. Soriano	Highway, Tanz	ra, Cavite			8A	Zip Code 4 1 0 8
PART II	Deta	ils of Monthly Income	a Payments and Tay	Withheld for the O	narter	
Income Payments Subject to	Deta	HS OF BIOTESTY HICOTIC	AMOUNT OF INCO	MATERIAL DESCRIPTION OF THE PROPERTY OF THE PR	Con Co	T
	ATG	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
Expanded Withholding Tax		the Quarter	the Quarter	the Quarter	i Otal	For the Quarter
	WC640	5,376.00	4467.54	7,392.00	17,235.54	344.71
	WC640	3,376.00	4407.34	7,092.00	17,200.04	044.71

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		5.070.00	4 407.54	7 000 00	47.005.54	344.71
Total		5,376.00	4,467.54	7,392.00	17,235.54	344.71
Money Payments Subject to Withholding						
of Business Tax (Government & Private)						
				THE COMMENT OF THE PERSON OF T		
	-					
	-					
Total						
We declare, under the penalties of per pursuant to the provisions of the National In	jury, that this certif	ficate has been made i	n good faith, verified t	by me, and to the be tunder authority the	ist of my knowledge a preof	and belief, is true and correct,
pursuant to the provisions of the National III	terrial Revenue Co	ali IIa	ille regulations issued	a under duliformy are		
9 ME	ELANIE P. BOI	BADILLA		10 D	ivision Manager B -	ACMD
Payor/F	ayor's Authorized	Representative	WID ALL DOLLARS WITCH SHEET SHEET	***************************************	Title/Position	of Signatory
(S	ignature Over Prin	ted Name)				
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Conforme:						
	Payee's Authorized				Date Sig	nea
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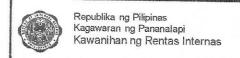


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1 For the Period	7 (MM/DD/YY) То	▶ 06 3	30 17	/IM/DD/YY)	
Part I		A CONTRACTOR OF THE PROPERTY O	Payee Information		mile de la company	
2 Taxpayer	07 982	0,0,0				
Identification Number 3 Payee's Name → GONZALES						
O LOCALIZATION		t Name, First Name, Mi	ddle Name for Individ	luals) (Registered Na	me for Non-Individ	luais)
4 Registered Address > Tanza, Cavite		•				A Zip Code
5 Foreign Address ▶				HER THE STATE OF T	5	4 Zip Code
			Payor Information	en transmission in a comprehensive		*
6 Taxpayer	98 705	0000				
Identification (vumber		Lada-da-Lad				
7 Payor's Name ► TANZA WA	ATER DISTRIC	, I t Name, First Name, Mi	ddla Nama far Individ	ivals) (Pagistarad Na	me for Mon-Individ	friale)
8 Registered Address A. Soriano	Highway, Tanz		ace seems for marrie	actor (riogratorea ria		A Zip Code 4 1 0 8
PARTII		ils of Monthly Income	Payments and Tay	Withheld for the O	iarler	P
Income Payments Subject to		ms of monthly meonic	AMOUNT OF INCO			
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	6,552.00	6384.00	8,232.00	21,168.0	423.36
					AND THE RESIDENCE OF THE PARTY	
						-
		PANCE STATE				
		0.550.00	0.004.00	0.000.00	21,168.0	423.36
Total Money Payments Subject to Withholding		6,552.00	6,384.00	8,232.00	21,160.0	423.36
of Business Tax (Government & Private)						
					. Legitin and the control of the con	
and the second s					The second secon	
					nin manganasan daga ami kum 400 km/magani 35556 Km/m	
Total					6 a 6 may 1 may 1 may 1	
We declare, under the penalties of per pursuant to the provisions of the National In	rjury, that this certi ternal Revenue Co	ficate has been made in ode, a s amended, and t	n good faith, verified b he regulations issued	by me, and to the bes I under authority then	t of my knowledge eof.	and belief, is true and correct,
, , , , , , , , , , , , , , , , , , , ,	LANE P. BO	rdilla				ACMO
	ELANIE P. BO Payor's Authorized		suspending processing an extending of participations of charges in	10 Div	rision Manager B Title/Position	- ACMD on of Signatory
rayour (S	ignature Over Prin	ted Name)			THOSE COSTS	
Conforme:						****
	ayee's Authorized	Representative			Date S	igned
	ignature Over Prin				constant and C. 70	



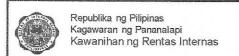
1 For the Period					**************************************		Warch 2003 (ENCS)
From • 01 0 1 1	7 (MM/DD/Y	Y) To	▶ 03	31 17	(MM/DD/YY)		
Part I 2 Taxpayer To a a To	- J		Payee Information				
Taritan Carrier Taritan Carrier Carrie	07 982	000					
3 Payee's Name ► GONZALES							
4 Registered Address Fanza, Cavite	(Las	st Name, First Name, M	iddle Name for Individ	duals) (Registered N	lame for Non-		s) ip Code
5 Foreign Address							<u> </u>
L.		MATERIAL STATE OF THE STATE OF	Payor Information		The same same same	J VA ZI	p Code
6 Taxpayer 0 0 1 8	98 705	0000	ayor mormation			Salain Million III III II	
	ATER DISTRIC						
		t Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	ame for Non-I	ndividuals	
8 Registered Address A. Soriano	Highway, Tanz	za, Cavite					p Code 4 1 0 8
PARTII	Deta	ils of Monthly Income			uarter		
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	and the second section of the section			
		the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		Tax Withheld For the Quarter
	WC640	6,888.00	6888.00	7,728.00	21,5	04.00	430.08
No.							
							ANTONIA SECONDO CIVIL SE CITADO SE CONTRACTOR DE CONTRACTO
TO SERVICE STATE OF THE SERVIC							Microsoft Control of C
			and the second s				
						_	

		THE RESERVE AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASSESSMEN			******		
otal Oney Payments Subject to Withholding		6,888.00	6,888.00	7,728.00	21,50	4.00	430.08
of Business Tax (Government & Private)		•					
							The state of the s
					TOTOLOGIC THE		
						_	Married Charles
otal		227					
We declare, under the penalties of perjuirsuant to the provisions of the National Inte	ry, that this certific	ate has been made in g	good faith, verified by	me, and to the best	of my knowled	ige and be	elief, is true and correct,
arsularit to the provisions of the National lifte	M for food ANIE P. BOB	e, as amended, and the Ua	regulations issued u	inder authority there	of.		A PARAMETER AND A PARAMETER AN
	ANIE P. BOB yor's Authorized F		The state of the s	0 Divi	ision Manage		
rayonra (Sig	yors Authorized F nature Over Printe	representative ed Name)			i rtie/Po	sition of Si	gnatory
onforme:							
Payee/Pay	yee's Authorized R		Model in the last control of the last control	See the second of the second	Dat	e Signed	- Constitution of the Cons
Cia	natura Ovar Drinta	of Alamas					1

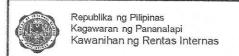


1 For the Period O 1 O 1	1 7 (MM/DD/Y	Y) To	▶ 03	31 17		
Part I 2 Taxpayer			Payee Information		(MM/DD/YY)	
Identification Number	2,41 9,33	0,0,0,				
3 Payee's Name ► GEONZON	N, MELVIN D.					
4 Registered Address ► Tanza, Cavit	(La :e	st Name, First Name, N	liddle Name for Indivi	duals) (Registered I	Name for Non-In	dividuals) 4A Zip Code
5 Foreign Address						► 5A Zip Code
			Payor Information			b Lip over
6 Taxpayer D 0 1 8	398 705	0,000				
7 Payor's Name ► TANZA W	ATER DISTRIC	СТ				Age and the second seco
8 Registered Address A Soriano	(La: Highway, Tan	st Name, First Name, M	iddle Name for Indivi	duals) (Registered I	lame for Non-In	
PART II				The state of the s	and the state of t	8A Zip Code 4 1 0 8
Income Payments Subject to	ATC	ails of Monthly Incom	AMOUNT OF INCO		luarter	
Expanded Withholding Tax	All	1st Month of the Quarter	2nd Month of	3rd Month of	Total	Tax Withheld
	WC640	6,720.00	the Quarter 6552.00	7,728.00	21,00	For the Quarter 420.00
						420.00
				TENNES CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT		
				North Control of the		
					——————————————————————————————————————	
fotal		6,720.00	6,552.00	7,728.00	21,000	0.00 420.00
Money Payments Subject to Withholding	77 Nr. 401 - 111 - 221 - 111		No.		27,000	420,00
of Business Tax (Government & Private)						
			A CONTRACTOR OF THE PROPERTY O			

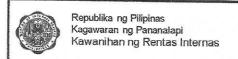
						Market of the Committee
	THE PARTY OF THE P					
otal						
We declare, under the penalties of perj	ury, that this certifi	icate has been made in	good faith, verified by	me, and to the bes	t of my knowled	ge and belief, is true and correct,
arsuant to the provisions of the National Int	ernal Revenue Co	de, as amended, and th	e regulations issued	under authority there	eof.	
	LANIE P. BOE		enter franchische von der	10 Div	rision Manager	
Payor/Pa (Signature)	ayor's Authorized gnature Over Print	Representative ed Name)			Title/Pos	ition of Signatory
onforme:						
Payee/Pa	ayee's Authorized I		on contract of the section of the se	·	Date	Signed
	gnature Over Print					



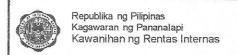
From L L L L L L	7 (MM/DD/Y	() To	▶ 06ॄ		(MM/DD/YY)	
3 Payee's Name ► GEONZON 4 Registered Address ► Tanza, Cavito 5 Foreign Address ►		0,0,0,	Payee Information	iduals) (Registered l	4/	duals) A Zip Code A Zip Code
7 Payor's Name TANZA W/		st Name, First Name, N	liddle Name for Indivi	duals) (Registered N		
, i donario	Highway, Tan		ne sawer after the later of the second control of the second contr			A Zip Code 4 1 0 8
PART II Income Payments Subject to Expanded Withholding Tax	ATC	ails of Monthly Incom 1st Month of the Quarter	AMOUNT OF INCO 2nd Month of the Quarter		Total	Tax Withheld For the Quarter
	WC640	7,056.00	7392.00	10,591.14	25,039.14	500.78
Total Money Payments Subject to Withholding of Business Tax (Government & Private)		7,056.00	7,392.00	10,591.14	25,039.14	500.78
Payor/P (Si Conforme:	ternal Revenue Co My Julie ELANIE P. BO ayor's Authorized ignature Over Prin	ode, as amended, and the second secon	n good faith, verified the regulations issued	I under authority the	reof. vision Manager B -	
	ayee's Authorized ignature Over Prin				Date Sig	gned



From O 1 O 1 1 7 (MM/DD/YY) Part I Payee Information 2 Taxpayer Identification Number GATDULA, ROGELIO S. JR. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals) 4 Registered Address Tanza, Cavite	
Part I Payee Information 2 Taxpayer Identification Number 3 Payee's Name GATDULA, ROGELIO S. JR. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
Identification Number Payee's Name GATDULA, ROGELIO S. JR. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
3 Payee's Name GATDULA, ROGELIO S. JR. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
Tanza, Cavite	
	1 1 1
5 Foreign Address ► 5A Zip Code	
Payor Information	
6 Taxpayer [0.04][202][705][0000]	
region region	
7 Payor's Name TANZA WATER DISTRICT	
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals) 8 Registered Address A. Soriano Highway, Tanza, Cavite 8 A Zip Code	
Le condito Highway, Fanza, Cavito	4 1 0 8
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter	
Income Payments Subject to ATC AMOUNT OF INCOME PAYMENTS	
	Withheld
	e Quarter
WC640 6,384.00 6720.00 7,392.00 20,496.00	409.92
	· · · · · · · · · · · · · · · · · · ·
Total 6,384.00 6,720.00 7,392.00 20,496.00	409.92
Money Payments Subject to Withholding	- Alles and the same
of Business Tax (Government & Private)	
	······································
otal	
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true	and correct.
ursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.	
Prifordulla 9 MELANIE P. BOBADILLA 10 Division Manager B - ACMD	
Payor/Payor's Authorized Representative Title/Position of Signatory	T. T. W. A. C. Warman and D. A. Control of the particular processes
(Signature Over Printed Name)	
onforme:	
Payee/Payee's Authorized Representative Date Signed Signature Over Printed Name	



1 For the Period From 0 4 0 1 1	7 (MM/DD/Y)	n To	▶ 06	30 17	(MM/DD/YY)			
Part I 2 Taxpayer Identification Number > 000 0	00 000	1666 1	Payee Information					
Identification (variable)	ROGELIO S. JI	000						
		st Name, First Name, N	liddle Name for Indivi	duals) (Registered	Name for Non-I	ndividuals)	
4 Registered Address > Tanza, Cavite						Tennes and the second	p Code	
5 Foreign Address ▶						5A Zi	p Code	
6 Taxpayer 0 0 1 8	98 705	[0000]	Payor Information			The state of the s		
	TER DISTRIC	[0,0,0,0]						
		t Name, First Name, M	iddle Name for Individ	duals) (Registered	Name for Non-I	ndividuals)	
8 Registered Address A. Soriano I						BA Zip	p Code	4 1 0 8
PART II Income Payments Subject to	Deta	ails of Monthly Income	Payments and Tax	NAMES OF THE PROPERTY OF THE P	Quarter			
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total		Tax	Withheld
	WC640	the Quarter 6,552.00	the Quarter 6384.00	the Quarter 7,728.00	20.6	64.00	For the	he Quarter 413.2
					1 20,0	0-4.00		413.2
		- Trans						
					The state of the s			
						-+	***************************************	Particular de la constantina della constantina d
								And the second s
								With the second
Total Money Payments Subject to Withholding		6,552.00	6,384.00	7,728.00	20,66	4.00		413.28
of Business Tax (Government & Private)								
		***************************************		The same of the sa		\dashv		
								the control of the co
					WORK CHICAGO			
	www.rawacana					The state of the s		
					**************************************		Manager and Local Consumptions	
otal						-	entire patason transmiss	
We declare, under the penalties of perjuing ursuant to the provisions of the National Inter	ry, that this certific rnal Revenue Coc	cate has been made in le, as amended, and th	good faith, verified by e regulations issued i	me, and to the be	st of my knowled	dge and be	slief, is true	and correct,
9 MEL	ANIE P. BOE	Manua			vision Manage	r B - ACM	ın	
Payor/Pay	yor's Authorized F	Representative				sition of Si		West Assessment of the Control of th
	TAME OVER FINIS	ve (venie)						
onforme: Payee/Pay	/ee's Authorized F	Representative		-	Dot	e Signed		
,	. A wat				Ual	- digital		

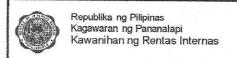


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From 0 1 0 1 1	7		▶ 03 3	31 17		
1 (VI)	(MM/DD/YY	CARC CATALON CONTROL AND			/M/DD/YY)	
Part I		·	Payee Information			
2 Taxpayer Identification Number						
	rv r					
3 Payee's Name ► DONES, AL						
		t Name, First Name, Mi	ddle Name for Individ	luals) (Registered Na	me for Non-Indi	
4 Registered Address Tanza, Cavite						4A Zip Code
5 Foreign Address >						5A Zip Code
						▶ , , , ,
			Payor Information			
6 Taxpayer	98 705	0,0,0,0				
Kreminication (Amilia)	- Andread - Andr					
7 Payor's Name TANZA WA	TER DISTRIC	T				
	(Las	Name, First Name, Mi	ddle Name for Individ	luals) (Registered Na	me for Non-Indi	viduals)
8 Registered Address A. Soriano	Highway, Tanz	ra, Cavite				8A Zip Code 4 1 0 8
			The state of the s		in the second	<u> </u>
PART II	Deta	ils of Monthly Income	Sample Street Asia (Street Street		iarter	
Income Payments Subject to	ATC		AMOUNT OF INCO			
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	6,552.00	7325.85	8,232.00	22,109	.85 442.20
				1		
					Participation of the Control of the	

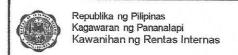
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The state of the s						
				-		
l'otal	_	6,552.00	7,325.85	8,232.00	22,109.	.85 442.20
Money Payments Subject to Withholding						
of Business Tax (Government & Private)						
or business tax (oversiment at many)						

				Parameter.		

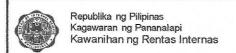
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The second secon						
						
					And the second s	
					A WAR THE CLASS PARTY OF THE STATE OF THE ST	
William Control of the Control of th						
otal			***************************************			
We declare, under the penalties of perj						je and belief, is true and correct,
oursuant to the provisions of the National Inte	ernal Revenue Co	de, as amended, and th				
	LANIE P. BOE	della		Name of States		and delicate
				10 Divi	ision Manager	
	yor's Authorized				Title/Posi	tion of Signatory
(Sig	nature Over Print	ed Name)				
Conforme:						
	yee's Authorized				Date	Signed



1 For the Period From 0 4 0 1 1	7 (MM/DD/Y	Y) To	▶ 06	30 17	MM/DD/YY)		
Part I 2 Taxpayer			Payee Information		With Clay Co.		
Identification Number	70 650	000					
3 Payee's Name ► DONES, AL		st Name, First Name, M	iddle Name for Indivi	duals\/Pagistarad.Na	and the New In	at delicated	
4 Registered Address ➤ Tanza, Cavite		straine, i iistraine, iii	iddie Haille for Individ	uudis) (Negistereu Na	ane ioi ivon-ii	4A Zip Co	ode
5 Foreign Address ▶						5A Zip Co	ode
			Payor Information				
6 Taxpayer 0 0 1 8	98 705	0,0,0,0					
7 Payor's Name ► TANZA WA	ATER DISTRIC	CT		Pol. 12 10 10 10 10 10 10 10 10 10 10 10 10 10			
8 Registered Address A. Soriano		st Name, First Name, Mi	ddle Name for Individ	duals) (Registered Na	me for Non-In	dividuals) 8A Zip Co	da I da a a
PART II				Mark Life & Co		BA ZIP CO	de 4 1 0 8
Income Payments Subject to		ails of Monthly Income	AMOUNT OF INCO		larter		
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total		Tax Withheld
	WC640	the Quarter 7,056.00	the Quarter 7392.00	the Quarter 9,541.14	23,98	19.14	For the Quarter 479.78
	110010	7,000.00	7552.00	3,341.14	23,30	3.14	4/9./0
			-				
		Personal					
		17	***************************************	NA CONTRACTOR OF THE CONTRACTO		-	
[otal		7,056.00	7,392.00	9,541.14	23,98	9.14	479.78
Money Payments Subject to Withholding							
of Business Tax (Government & Private)							
					W-2000		
							APPROXIMATE OF THE PROPERTY OF
			L. Carrier and Car				
					THE RESERVE OF THE PARTY OF THE		WVIII CALLAND THE
otal		The state of the s					
We declare, under the penalties of perjuursuant to the provisions of the National Inte	rnal Revenue Co	de, as amended, and the	good faith, verified by e regulations issued	me, and to the best ounder authority there	of my knowled	ge and belief	, is true and correct,
9 MEL	M fold	illa					
Payor/Pay	yor's Authorized	Representative		10 Divis	sion Manager Title/Pos	B - ACMD sition of Signa	torv
(Sig	nature Over Print	ed Name)					Annual Contract
onforme:			The second secon				
Payee/Pay	yee's Authorized I	Representative			Date	Signed	



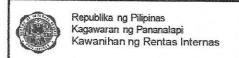
From LLLLL	7 (MINIODAY)) То	▶ 12	31 17 (MM/DD/YY)	
Part I 2 Taxpayer Identification Number 0 0 0 0 0	00 000	0,0,0,	Payee Information			
γ	RIO, NELIA V.					
4 Registered Address ► Tanza, Cavite		t Name, First Name, M	liddle Name for Individ	luals) (Registered Na		viduals) 4A Zip Code
5 Foreign Address >						5A Zip Code
6 Taxpayer	00 1705		Payor Information			
icionalioadon radiibei	98 705 ATER DISTRIC	[0,0,0,0] T				
8 Registered Address A. Soriano	(Las Highway, Tana	t Name, First Name, M za, Cavite	liddle Name for Individ	luals) (Registered Na		viduals) 8A Zip Code 4 1 0 8
PART II	Deta	ils of Monthly Income		CANCEL PRODUCTION OF THE PROPERTY OF THE PROPE	uarter	
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the Quarter	AMOUNT OF INCO 2nd Month of the Quarter	ME PAYMENTS 3rd Month of the Quarter	Total	Tax Withheld For the Quarter
	WC640	10,080.00	10080.00	10,080.00	30,240.	00 3024.00
Total Money Payments Subject to Withholding		10,080.00	10,080.00	10,080.00	30,240.0	3,024.00
of Business Tax (Government & Private)						
Payor/Pa	ernal Revenue Con Multi-free LANIE P. BOE ayor's Authorized	de, as amended, and the BADILLA Representative	ne regulations issued	under authority there	of. ision Manager E	
(Sig	gnature Over Print	eu (Varrië)				
	yee's Authorized I				Date S	igned



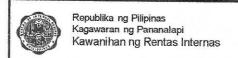
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PartI	(MM/DD/YY		Payee Information		(MM/DD/YY)	
2 Taxpayer Identification Number □ 0 0 0 □ □	000 000	900,				
Total Induction 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RIO, NELIA V.			Description of the second		
		t Name, First Name, M	iddle Name for Individ	duals) (Registered I	Name for Non-In-	dividuals)
4 Registered Address Tanza, Cavite	9					4A Zip Code
5 Foreign Address ►				- NATIONAL LINES 100 (MILLS) (100 (MILLS) (1		5A Zip Code
			Payor Information			
6 Taxpayer Identification Number □ 0 0 1 8	98 705	0000				
, , , , , , , , , , , , , , , , , , ,	ATER DISTRIC	T				
a Buriston d'Address		t Name, First Name, M	iddle Name for Individ	luals) (Registered I	Name for Non-Inc	
L	Highway, Tanz		and the management of the second seco			8A Zip Code 4 1 0 8
PART II Income Payments Subject to	Deta 1	ils of Monthly Income			Quarter	
Expanded Withholding Tax	ATC -	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld For the Quarter
	WC640	10,080.00	10080.00	10,080.00	30,24	
					THE RESERVE THE PROPERTY OF TH	
	The second secon					

		t)				
Total		10,080.00	10,080.00	10,080.00	30,240	0.00 3,024.00
Money Payments Subject to Withholding						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
of Business Tax (Government & Private)						
		and the state of t	A STATE OF THE STA		MANAGEMENT CONTRACTOR OF THE C	
	estimate professional and a second	The contract of the contract o		***************************************		

		Design and the second s				
						Total Control of the
otal We declare, under the penalties of per	iury, that this certifi	cate has been made in	good faith, verified by	v me and to the he	st of my knowled	re and helief is true and correct
oursuant to the provisions of the National Int	ternal Revenue Coo	de, as amended, and th	ne regulations issued	under authority the	reof.	ige and belief, is true and correct,
9 ME	LANE P. BOE	BADILLA		10 Di	vision Manager	B-ACMD
Payor/P	ayor's Authorized I	Representative				sition of Signatory
(5)	gnature Over Printe	ed Name)				
Conforme:						
	ayee's Authorized F anature Over Printe				Date	Signed

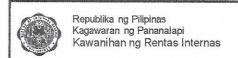


1 For the Period	7		▶ 06	30 17			
Part I	· (MM/DD/Y	MCD-200ACCUDING CONTROL OF THE CONTR	Payee Information		MM/DD/YY)		
2 Taxpayer Identification Number O O O O	00 000	000					
	RIO, NELIA V.						
	(La	st Name, First Name, M	iddle Name for Indivi	duals) (Registered N	ame for Non-In	dividual	s)
4 Registered Address > Tanza, Cavite	:					4A Z	Ip Code
5 Foreign Address	Marie Versiles (es al se al se					5A Z	ip Code
6 Taxpayer	a 1/= a = 1		Payor Information				AND
(destancement stander []]	9,8 70,5	0,0,0,0					
7 Payor's Name ► TANZA WA	ATER DISTRIC	ot Name, First Name, Mi	ddle Name for Individ	fuals) (Registered N	emo for Non In	dhaidrah	
8 Registered Address A. Soriano			W. Dalla		2,110 107 1407-211		ip Code 4 1 0 8
PARTII	Deta	ails of Monthly Income	Payments and Tax	Withheld for the Q	Jarter	mesenskelen eyelleren	
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	Carrier and other security of sources and an arrange of the security of the se			
Experience returning 16A		the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		Tax Withheld For the Quarter
	WC640	10,080.00	10080.00	10,080.00	30,24	0.00	3024.00
						Mineral Marketine	
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					TO THE REAL PROPERTY OF THE PARTY OF THE PAR		
fotal		10,080.00	10,080.00	10,080.00	30,24	0.00	3,024.00
Money Payments Subject to Withholding	WOOT						O,OLANO
of Business Tax (Government & Private)							
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otal Madalana Madalana Mili f							
We declare, under the penalties of perju ursuant to the provisions of the National Inte	rnal Revenue Co	de, as amended, and the	good faith, verified by e regulations issued	me, and to the best under authority there	of my knowled of.	ge and b	pelief, is true and correct,
9 MEI	ANIE P. BOE	lla BADILLA			sion Manager	B - ACI	WD.
Payor/Pa	yor's Authorized	Representative	Commence of the Commence of th	L LIVE	Title/Pos		
(Sig	nature Over Printe	еч мате)					n.col/gengayee
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	yee's Authorized F nature Over Printe			mayoria 10,000 (statutu)	Date	Signed	



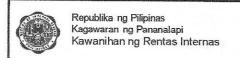
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3 Payee's Name ► DEL ROSAI	RIO, NELIA V.			110		b-Three boundaries and approximate		
4 Registered Address ► Tanza, Cavite		st Name, First Name, M	iddle Name for Individ	duals) (Registered Na	me for Non-Ir		s) ip Code	
5 Foreign Address >							ip Code	
		TEATRE NAME OF THE OWN AND ADDRESS OF THE OWN AND ADDRESS OF THE OWN A	Payor Information			yr. –	>	
6 Taxpayer Identification Number 0 0 1 8	98 705	0,0,00						
	ATER DISTRIC	- Landson-Land						
8 Registered Address A Soriano		st Name, First Name, M	ddle Name for Individ	luals) (Registered Nar	ne for Non-Ir			
- pr. contano	Highway, Tanz		The state of the s			BA ZI	p Code 4	1 0 8
PART II Income Payments Subject to		ails of Monthly Income	Payments and Tax AMOUNT OF INCO		arter			Na Paga (D) and a same
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total		Tax Wi	thheld
	WC640	the Quarter 10,080.00	the Quarter 10080.00	the Quarter 10,080.00	30.2	40.00	For the	Quarter 3024.00
		10,000.00	10000.00	10,000.00	30,2	10.00		3024.00
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[otal		46,000,00	46.000.00	16.634.0				
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of Business Tax (Government & Private)								
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otal We declare, under the penalties of perju	ury, that this certifi	cate has been made in	good faith verified by	me, and to the hest o	f my knowled	Ine and h	poliof is true a	nd correct
ursuant to the provisions of the National Inte	ernal Revenue Coo	de, as amended, and th	e regulations issued	under authority thereo	. ary mitowich	.g. and D	। व संघष ते।	ia aureal,
	pulvlad LANIE P. BOE			10 Divis	ion Manage	r B - ACN	/ID	
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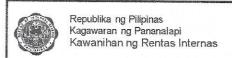
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2 Taxpayer	00 000	000	Pisto a save a save a describitor and a division						6 W. C. 18 C.
Identification Number 3 Payee's Name DE SILOS, R		145,51							
o Payees Hame DE SILOS, I		t Name, First Name, Mic	iddle Name for Individ	fuals) (Registered Na	me for Non-Ir	ndividua	de)		
4 Registered Address > Tanza, Cavite		recurry, 1 most recover.	dute rating to man	idalo) (i togisti. ea	Inc to the		Zip Code		
5 Foreign Address ►						5A 7	► L Zip Code		
o Totagri Maries			Payor Information	este saturaturante este este esta esta esta esta esta es		**********	>		
6 Taxpayer	00 1705	0000	Payor mornador			Dy at Min Said 1			
Identification Number		LLLL				milarens.			
7 Payor's Name ► TANZA WA	ATER DISTRIC]
8 Registered Address A. Soriano I	(Last Highway, Tanz	t Name, First Name, Mid za, Cavite	ddle Name for ingiviu	luals) (Registered iva	me for Non-II		ils) Zip Code	4 1 0	8
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Expanded Withholding Tax	AIC	1st Month of	2nd Month of	3rd Month of	Total			Withheld	
	1810040	the Quarter	the Quarter	the Quarter	23.2	26.00	For th	he Quarter	
	WC640	7,474.00	6902.00	8,850.00	25,2	26.00		40	464.52
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Money Payments Subject to Withholding									
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We declare, under the penalties of perjoursuant to the provisions of the National Inter-						edge and	d belief, is tru	e and corre	ect,
outstant to the provisions of the reduction into	PH folds	lla	le regulations issues	under addressly area	ю.				
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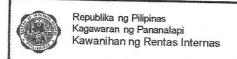
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From OI O , I I	(MM/DD/YY		► 0 3 Payee Information		MM/DD/YY)		
2 Taxpayer	00 000	000	rayee information				
identification Number		1 [0,0,0,]					
3 Payee's Name ► DE SILOS, I							
4 Registered Address ► Tanza, Cavite		st Name, First Name, M	iddle Name for Individ	duals) (Registered Na	ame for Non-In	idividuals) 4A Zip C	acte
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5 Foreign Address						5A Zip C	ode
6 Taxpayer			Payor Information				
Identification Number > 0 0 1 8	98 705	0,0,0,0					
7 Payor's Name TANZA WA	ATER DISTRIC	T			attende and the second	lacina de la composição d	
		t Name, First Name, M	iddle Name for Individ	fuals) (Registered Na	ame for Non-In		
8 Registered Address ► A. Soriano	Highway, Tanz	za, Cavite				8A Zip C	ode 4 1 0 8
PART II	Deta	ils of Monthly Income			ıarter		
Income Payments Subject to	ATC		AMOUNT OF INCO				
Expanded Withholding Tax		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of	Total		Tax Withheld
	WC640	3,360.00	6920.00	the Quarter 9,354.00	19,63	4.00	For the Quarter 392.68
	1100-10	0,000.00	0920.00	9,334.60	13,00	4.00	392.00
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Fotal .		3,360.00	6,920.00	9,354.00	19,63	4.00	392.68
Money Payments Subject to Withholding							
of Business Tax (Government & Private)							
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otal We declare, under the penalties of perju	ury, that this certifi	cate has been made in	good faith, verified by	me and to the heet	of my knowles	Ide and halis	of is true and correct
ursuant to the provisions of the National Inte	ernal Revenue Coo	de, as amended, and th	e regulations issued	under authority there	of.	ye anu Delle	i, is true drig correct,
0 145	Mitotock LANIE P. BOE	lilla					
	LANIE P. BOE yor's Authorized R		***	10 Divi	sion Manager		aton
	nature Over Printe				i itie/Pos	sition of Sign	awiy
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onforme:	Voo's Authorized I	Januaraniahi ia	CONTRACTOR OF CO	- OBSTORMAN STATE OF THE STATE	F% -	<u> </u>	
	yee's Authorized F				Date	Signed	



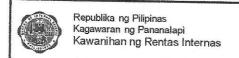
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From \(\bigcirc 0 1 0 , 1 1	7 (MM/DD/YY) То	№ 03	31 17	MM/DD/YY)			
Part I			Payee Information					
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3 Payee's Name DAYAP, JO	OSE CARLO B.							
4 Registered Address > Tanza Cavite		t Name, First Name, M	iddle Name for Individ	duals) (Registered N	ame for Non-			
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5 Foreign Address ►						5A Zi	ip Code	1 1
6 Taxpayer			Payor Information			av sala same w		
Identification Number	98 705	0,0,0,0						The state of the s
7 Payor's Name TANZA W	ATER DISTRIC							
8 Registered Address A. Soriano	Highway, Tanz	t Name, First Name, Mi ra Cavite	agie Name for Ingivic	iuais) (registered N	ame for Non-I		p Code	4 1 0 8
PARTII		ils of Monthly Income	Paumente and Tay	Withhald for the O	u crior		<u> </u>	
Income Payments Subject to		ms or working meetine	AMOUNT OF INCO		uarter			
Expanded Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total			Withheld e Quarter
	WC640	6,216.00	7224.00	7,728.00	21,1	68.00	101 (11	423.3
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					CHA-ACTOR CONTROL CONT			
			No.					
		377	***************************************					
7777						_	Name and the second sec	
Total .		6,216.00	7,224.00	7,728.00	04.4	58.00		100.01
Money Payments Subject to Withholding		0,210.00	7,224.00	7,720.00	21,11	00.00		423.36
of Business Tax (Government & Private)								
		<u>-</u>			MATERIAL CONTINUES OF THE PARTY			
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						$\neg \vdash$		
A 100 CO					MATERIAL CONTROL CONTR			
otal		ESTATION AT THE STREET						
We declare, under the penalties of perjursuant to the provisions of the National Inte	ury, that this certific ernal Revenue Coc	cate has been made in le. as amended, and the	good faith, verified by e regulations issued a	me, and to the best	of my knowle	dge and b	elief, is true	and correct,
	mfofod LANE P. BOB	illa						
	LANIE P. BOE ayor's Authorized F		destruction of Sandy and Alberta part continued to	10 Divi	ision Manage	er B - ACN		Mit-production by the constant accompany of
	gnature Over Printe				ine/PC	SIDON OF S	ngriatory	
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	yee's Authorized F			•	Dai	te Signed		
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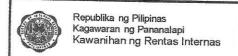


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1 For the Period From 0 4 0 1	1 7 (MM/DD/)	γ) το	▶ 06	30 17		W. W.	March 2003 (ENCS)
Part I 2 Taxpayer			Payee Information		(MM/DD/YY)		
Total Individual Indiv	000 000 OSE CARLO B.	0,00,					
	(La	st Name, First Name, N	liddle Name for Indivi	duals) (Registered N	Name for Non-		
4 Registered Address ► Tanza, Cavit 5 Foreign Address ►	e						ip Code
			Payor Information		The state of the s	5A ZI	ip Code
	398 705 ATER DISTRI	0,0,0,0 CT					
		st Name, First Name, N	liddle Name for Individ	duals) (Registered N	lame for Non-I		p Code 4 4 0 0
PART II		ails of Monthly Incom	e Payments and Tax	Withheld for the Q	uarter		p Code 4 1 0 8
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the Quarter	AMOUNT OF INCO	ME PAYMENTS 3rd Month of	Total		Tax Withheld
	WC640	6,048.00	the Quarter 6384.00	the Quarter 6,384.00	18,8	16.00	For the Quarter 376.32
			M Marian Company				
						-	
					The second secon		
					SECOND STREET		Market Control of the
otal Money Payments Subject to Withholding		6,048.00	6,384.00	6,384.00	18,81	6.00	376.32
of Business Tax (Government & Private)							
							MANAGEMENT OF THE PROPERTY OF
The second secon							
			944		PROPERTY OF STANSARD STANSARD STANSARD		
otal We declare, under the penaities of perjures of the National Interpretation of the Natio						dge and b	elief, is true and correct,
9 ME	LANE P. BOI	lilla BADILLA			ision Manage	rB-ACN	ND .
Payor/Pa	ayor's Authorized gnature Over Print	Representative	-	Acceptance and a second as a second		sition of S	•
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	ayee's Authorized gnature Over Print		Add Management and SAA Management		Dat	e Signed	The state of the s



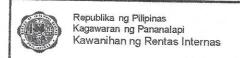
1 For the Period						March 2003 (ENCS)
From 04 0 1 1	7 (MM/DD/Y	Y) To	▶ 06	30 17	(MM/DD/YY)	
Part I 2 Taxpayer			Payee Information			
Identification Number 407 6	07 711	000,				
3 Payee's Name ► CUSTODIO						
4 Registered Address > Tanza, Cavite	(Las	st Name, First Name, N	liddle Name for Indivi	duals) (Registered		
						Zip Code
5 Foreign Address >					5A	Zip Code
6 Taxpayer			Payor Information		TO THE RESERVE THE PARTY OF THE	
identification [1]	98 705	0,0,0,0		en areas de la com		
7 Payor's Name ► TANZA WA	ATER DISTRIC		***************************************			
8 Registered Address A. Soriano	Highway, Tanz	t Name, First Name, M	iddle Name for Individ	duals) (Registered f		
PARTII	CONTROL DESCRIPTION OF THE PROPERTY OF THE PRO	nils of Monthly Income	The second secon	3.0.7.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		Zip Code 4 1 0 8
Income Payments Subject to		ans of montany meonie	AMOUNT OF INCO		Quarter	
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
	WC640	the Quarter	the Quarter	the Quarter		For the Quarter
	***************************************	6,048.00	6384.00	7,728.00	20,160.00	403.20
						The second secon
				CONTRACTOR		
					and the same of th	
otal Money Payments Subject to Withholding		6,048.00	6,384.00	7,728.00	20,160.00	403.20
of Business Tax (Government & Private)				East of Contracts		
		Sandana and American				
						WINE CONTRACTOR OF THE PROPERTY OF THE PROPERT
		Name of the last o				
		-			190-cuttor - 14	
otal						
We declare, under the penalties of perju	iry, that this certific	cate has been made in	good faith, verified by	me, and to the bes	t of my knowledge an	d belief, is true and correct,
ursuant to the provisions of the National Inte			e regulations issued i	under authority ther	eof.	
	LANE P. BOB			10 Div	vision Manager B - A	
	yor's Authorized F nature Over Printe				Title/Position	of Signatory
			dentificación de la contractica del la contractica del la contractica de la contract			
onforme: Pavee/Pa	yee's Authorized F	Representative	and the second s		Date Sign	ed
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1.19101	[7] (MM/DD/Y	Y) To	▶ 03	31 17	MM/DD/YY)		
Part I 2 Taxpayer Identification Number 4 0 7 6			Payee Information	V V	VINUDUITT)		
ldentification Number 3 Payee's Name CUSTODIC	07 711 D. KIA P.] [0,0,0,]					
	(Las	st Name, First Name, M	liddle Name for Individ	duals) (Registered Na	ime for Non-In	idividuals)	
Foreign Address ► Tanza, Cavite 5 Foreign Address ►	3					4A Zip Code	»
	PARAMETER CONT.	Mark Collection Control of the Collection Co	Payor Information			5A Zip Code	F
6 Taxpayer Identification Number ▶ 0 0 1 8	98 705	0,0,0,0	rayor unormation				
	ATER DISTRIC	the state of the s	Well-state of the Control of the Con				
8 Registered Address A Soriano	(Las Highway, Tanz	t Name, First Name, M	iddle Name for Individ	luals) (Registered Na	me for Non-In	dividuals) 8A Zip Code	
PART II		nils of Monthly Income	Payments and Tax	Withheld for the Ou	arter	BA ZIP CODE	4 1 0 8
Income Payments Subject to Expanded Withholding Tax	ATC		AMOUNT OF INCO	ME PAYMENTS			
Expanded Withholding Tax	market of the state of	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		x Withheld the Quarter
	WC640	6,552.00	6720.00	7,329.00	20,60		412.02
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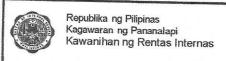
otal		6,552.00	6,720.00	7,329.00	20,601	.00	412.02
Money Payments Subject to Withholding of Business Tax (Government & Private)							
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	Participation (1970)				Para de la constanta de la con	HAVE THE RESIDENCE OF THE PROPERTY OF THE PROP	
otal							
We declare, under the penalties of perjuirsuant to the provisions of the National Inte	rnal Revenue Cod	le, as amended, and the	good faith, verified by e regulations issued u	me, and to the best o	f my knowledg	je and belief, is tru	ue and correct,
Payor/Pa	ANIE P. BOB	Representative	1	0 Divis	ion Manager Title/Posi	B - ACMD ition of Signatory	
10 000	nature Over Printe	ru (varne)	II				
onforme:	yee's Authorized R	Penresentative		Mark Marketon may published the second	Pote	Signed	
	poturo Ovor Brinto				Date	oigned	

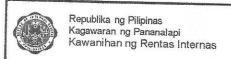


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Part I	(MM/DD/Y	TED EXTENDED OF THE PROPERTY O	Payee Information		(MM/DD/YY)		
2 Taxpayer 2 3 2 2	51 268	900,					
3 Payee's Name ► CUSTODIO	, CHRISTOPHI			* *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** ***	ati.		
4 Registered Address > Tanza, Cavite	(La:	st Name, First Name, M	iddle Name for Indivi	duals) (Registered I	Name for Non-I		p Code
5 Foreign Address ▶						Australia	p Code
			Payor Information			- Manadaga aya	*
The state of the s		0,0,0,0					
7 Payor's Name TANZA WA	ATER DISTRIC	CT st Name, First Name, Mi	ddla Nouse far India				
8 Registered Address A. Soriano	Highway, Tan		ddie Name for malvic	auais) (Registered I	vame for Ivon-li	8A Zij	T-100-00-00-00-00-00-00-00-00-00-00-00-00
PART II	Deta	ails of Monthly Income			Quarter		
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	ME PAYMENTS 3rd Month of	Total		Tax Withheld
	WC640	the Quarter	the Quarter	the Quarter			For the Quarter
	VVC040	7,856.00	7556.00	9,640.00	25,0	52.00	501.04
		The II contract of the contrac					
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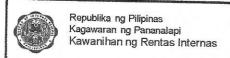
Total Money Payments Subject to Withholding		7,856.00	7,556.00	9,640.00	25,05	2.00	501,04
of Business Tax (Government & Private)							
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otal					Charles and Development of Company		
We declare, under the penalties of perju ursuant to the provisions of the National Inte	ary, that this certification of the certification o	de, as amended, and the	e regulations issued	under authority ther	eof.		
Payor/Pay	ANIE P. BOE yor's Authorized I nature Over Print	Representative	тенто-то-сетовирования	10 Div	vision Manage Title/Po	r B - ACM sition of S	A CONTROL AND A STREET OF A STREET AND A STR
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Payee/Pay	yee's Authorized I	Representative	optioners and the Positions of	**************************************	Dat	e Signed	



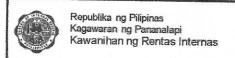
1 For the Period		v vicin	iola / it c	ource		March 2003 (ENCS)
From 0 4 0 1	1 7 (MM/DD/Y	Y) To	▶ 06	31 17	(MM/DD/YY)	
2 Taxpayer	2,51, 2,68	900	Payee Information	1		
Table 1 Table 1	O, CHRISTOPHI					
	(La	st Name, First Name, M	liddle Name for Indivi	duals) (Registered	Name for Non-In	disiduale)
4 Registered Address Tanza, Cavit	e			7/1.108/010.00	Traditio for People	4A Zip Code
5 Foreign Address >						5A Zip Code
6 Taxpayer			Payor Information			P
	398 705	0,0,0,0				
7 Payor's Name ► TANZA W.	ATER DISTRIC					
Registered Address A. Soriano	Highway, Tan	st Name, First Name, Mi za, Cavite	ddle Name for Individ	duals) (Registered	Name for Non-Inc	
PARTII		ails of Monthly Income	Payments and Tax	Withheld for the	Quarter	8A Zip Code 4 1 0 8
Income Payments Subject to Expanded Withholding Tax	ATC		AMOUNT OF INCO	ME PAYMENTS	All and the second second	
and the state of t		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld
	WC640	8,346.00	8546.00	9,433.00	26,325	For the Quarter 526.50
						No.
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			ALL CONTRACTOR OF THE PARTY OF			
otal						
Noney Payments Subject to Withholding		8,346.00	8,546.00	9,433.00	26,325	.00 526.50
of Business Tax (Government & Private)						
			TO THE RESIDENCE OF THE PARTY O			
					TO THE STREET STREET,	
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otal						
We declare, under the penalties of perjursuant to the provisions of the National Inte	ury, that this certific	cate has been made in g	good faith, verified by	me, and to the be	st of my knowledg	je and belief, is true and correct,
	im chron		e regulations issued (
	LANIE P. BOE ayor's Authorized F		1	10 Di	vision Manager Title/Posi	B - ACMD ition of Signatory
	gnature Over Printe				THE/FUSI	non or orginatory
onforme;			indicate in the second			
	ayee's Authorized F				Date	Signed
ા	generation Carol Little	ow Hallio				



1 For the Period		w wittin	110101711	Julice		March 2003 (ENCS)
From 04 0 1	1 7 (MM/DD/)	Υ) τ _ο	▶06	30 17	0.011	
Part I 2 Taxpayer			Payee Information	n	(MM/DD/YY)	
Identification Number	076 825	0,0,0				
· · · · · · · · · · · · · · · · · · ·	O, ALEXON R.					
		ast Name, First Name, N	liddle Name for Indiv	iduals) (Posistored	IN A W	
4 Registered Address ► Tanza, Cavi	te		The state of the state	radials) (registered	I Name for Non-Indivi	duals) A Zip Code
5 Foreign Address ►			Control of the Contro			<u> </u>
				Market on Direct Control of the Control		A Zip Code
6 Taxpayer Identification Number > 0 0 1 8	898 705	0000	Payor Information			
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I ANZA W	ATER DISTRIC					
8 Registered Address A Soriano	Highway, Tan	st Name, First Name, M	iddle Name for Indivi	duals) (Registered		
PARTII						A Zip Code 4 1 0 8
Income Payments Subject to	Deta	ails of Monthly Income	Payments and Tax	Withheld for the	Quarter	
Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO			
		the Quarter	the Quarter	3rd Month of the Quarter	Total	Tax Withheld
	WC640	7,960.00	7456.00	10,410.00	25,826.00	For the Quarter 516.52
				American Agencia and Agencia		310.32
				· ·		
						1
otal						
Money Payments Subject to Withholding		7,960.00	7,456.00	10,410.00	25,826.00	516.52
of Business Tax (Government & Private)						
			<u> </u>			
		- Hotel oktoor and the second of the second		***************************************		
				Manager and the season of the		W-1
We declare, under the penalties of perj	ury, that this certifi	icate has been made in	good faith, verified by	y me, and to the be	st of mv knowledge a	nd belief, is true and correct
irsuant to the provisions of the National Int	ernal Revenue Co	de, as amended, and the	e regulations issued	under authority the	reof.	
9 ME	LANIE P. BOE	tdilla		10 Di	ivicion Manager P -	ACMID
	ANIE P. BOE ayor's Authorized		hortfeweren schieden england auszelania	10 Di	ivision Manager B - Title/Position	
	gnature Over Print				- Automotive	W
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	ayee's Authorized I	Representative	to the property of the control of th	****	Date Sig	ned
	gnature Over Print				Sale oig	

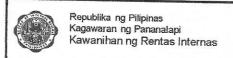


		~ ~	.0.07.60	70 di 00		March 2003 (ENCS)
1 For the Period	17 (MM/DD/Y	Y) To	▶03	31 17		
Parti	\10000/1	CARLOS TO NOT THE PARTY OF THE	Payee Information		(MM/DD/YY)	
2 Taxpayer Identification Number 3 0 1 □	76 825	000				GT THE STATE OF TH
	O, ALEXON R.					
		st Name, First Name, M	iddle Name for Indivi	duals) (Registered	Name for Non-Individ	uals)
4 Registered Address > Tanza, Cavit	е					Zip Code
5 Foreign Address					5A	Zip Code
6 Taxpaver	The same of the sa		Payor Information			<u> </u>
6 Taxpayer 0 0 1 8	398 705	0,0,0,0				
7 Payor's Name TANZA W	ATER DISTRIC	OT T				
O Designation	(Las	st Name, First Name, Mi	ddle Name for Individ	duals) (Registered f	lame for Non-Individu	uals)
	Highway, Tan	za, Cavite				Zip Code 4 1 0 8
PART II	Deta	ails of Monthly Income			Quarter	
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	The second secon		
		the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld For the Quarter
	WC640	7,974.00	7756.00	8,532.00	24,262.00	485.24
					The state of the s	
	-					
otal		7,974.00	7.756.00	0.500.60		
Money Payments Subject to Withholding		7,374.00	7,756.00	8,532.00	24,262.00	485.24
of Business Tax (Government & Private)						
		William Willia				
		THE PARTY OF THE P				
			THE TOTAL PROPERTY IN A SECOND			
otal						
We declare, under the penalties of perjursuant to the provisions of the National Inte	ernal Revenue Coo	de, as amended, and the	good faith, verified by e regulations issued u	me, and to the bes under authority there	t of my knowledge an eof.	d belief, is true and correct,
9 MEI	profiloc LANIE P. BOE	BADILLA	1	10 Div	rision Manager B - A	CMD
Payor/Pa	yor's Authorized F	Representative	AND THE PERSON AND TH	THE CONTRACTOR OF CONTRACTOR OF CONTRACTOR	Title/Position of	
(5)9	nature Over Printe	ra (vanie)				
onforme:				***************************************		
	yee's Authorized F Inature Over Printe				Date Sign	ed

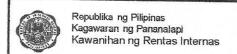


	M						March 2003 (ENCS)
1 For the Period	.7 (MM/DD/YY	n To	▶ 06	31 17	BADDAAA		
Part I 2 Taxpayer			Payee Information		MM/DD/YY)		
Identification Number > 000 0	000	0,0,0,					
3 Payee's Name ► CRUDO, JE	FFRY B.						
A Danisharad Adda	(Las	st Name, First Name, M	iddle Name for Indivi	duals) (Registered Na	ame for Non-I	ndividuals)	
4 Registered Address > Tanza, Cavite	3					4A Zip	The second secon
5 Foreign Address						5A Zip	Code
6 Taxpayer			Payor Information				
Identification Number • 0,0,1 8	98 705	0,0,00					V V
7 Payor's Name ► TANZA WA	ATER DISTRIC	T					
8 Registered Address A Soriano	(Lasi	t Name, First Name, M	iddle Name for Individ	luals) (Registered Na	me for Non-li	ndividuals)	
7 C CORUMO	Highway, Tanz	Name of the Control o				8A Zip	Code 4 1 0 8
PART II Income Payments Subject to	Deta	ils of Monthly Income			arter		
Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	3rd Month of	Total	eranos es	Tax Withheld
		the Quarter	the Quarter	the Quarter	hara kanan		For the Quarter
	WC640	7,553.00	6516.00	8,346.00	22,4	15.00	448.
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					Berry Company of the		
							Not the last of th
						_	
otal Money Payments Subject to Withholding		7,553.00	6,516.00	8,346.00	22,41	5.00	448.30
of Business Tax (Government & Private)							
		The state of the s			***************************************		
					The same and a same and a same a		
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					75.50	-	
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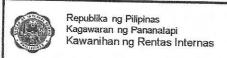
otal	-						The second secon
We declare, under the penalties of perju	ry, that this certific	ate has been made in g	good faith, verified by	me, and to the best of	of my knowled	lge and beli	ief, is true and correct,
arsuant to the provisions of the National Inter	rnal Revenue Code	e, as âmended, and the	regulations issued ι	inder authority thereo	f.		
	Michelod ANIE P. BOB		1	0 Divis	ion Manage	B - ACMD)
	yor's Authorized R		and the second of the second o	THE PARTY OF THE P	Title/Pos	sition of Sig	natory
onforme:	una'a Authorizad M	lanvacant ti				· · · · · · · · · · · · · · · · · · ·	
	yee's Authorized R				Date	Signed	



1 For the Period						March 2003 (ENCS)
From • 01 0 1 1	7 (MM/DD/Y	Y) To	▶03	31 17	######################################	
Part I			Payee Information		(MM/DD/YY)	
Identification Number	000	0,0,0,				
Payee's Name CRUDO, JE	FFRY B.		<u> </u>			
	(La	st Name, First Name, M	liddle Name for Indivi	duals) (Registered I	Name for Non-Indiv	iduals)
Registered Address > Tanza, Cavite	!				200000	1A Zip Code
Foreign Address >		**************************************				5A Zip Code
			Payor Information			
Taxpayer Identification Number 0 0 1 8	98 705	0000				
Payor's Name TANZA WA	TER DISTRIC	CT CT	The time of time of the time of time of the time of time o			
	(Las	st Name, First Name, M	iddle Name for Individ	duals) (Registered N	Jame for Non-Indivi	duale)
Registered Address A. Soriano I	Highway, Tan	za, Cavite		71.3.0.0		A Zip Code 4 1 0 8
ARTII	Deta	ails of Monthly Income	Payments and Tax	Withheld for the C	histor	b
Income Payments Subject to	ATC		AMOUNT OF INCO			
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
	WC640	the Quarter 6,584.00	the Quarter	the Quarter		For the Quarter
		0,004.00	7692.00	10,160.00	24,436.0	0 488.7
and the state of t					TARREST MANAGEMENT AND	
ital		6,584.00	7,692.00	10,160.00	24,436.00	600 70
oney Payments Subject to Withholding					24,430,00	488.72
of Business Tax (Government & Private)						
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-1						
We declare, under the penalties of perjur	v. that this certific	cate has been made in	good faith verified by	me and to the hoof	of my knowledge	I and bolief is true and correct
suant to the provisions of the National Inter-	nal Revenue Cod	le, as amended, and the	regulations issued u	under authority there	of my knowledge a of.	ind belier, is true and correct,
9 MEL	Mrhfool ANIE P. BOB	ILLA		0 Div	ision Manager B -	ACMD
Payor/Pay	or's Authorized F	Representative	***************************************	UIV.		of Signatory
	nature Over Printe					
nforme:						
Payee/Pay	ee's Authorized F		ELECTRICATION CONTROL	nakthori-estimagramory erasineman, erasinas þad	Date Sig	ned
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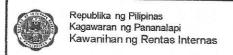


1 For the Period					35 - A	March 2003 (ENCS)	
From 10 0 1 1	7 (MM/DD/Y	Y) To	12	31 17	MM/DD/YY)		
Part I 2 Taxpayer 1.62 F			Payee Information	<u> </u>			
Identification Number	99 853] [0,0,0,]					
3 Payee's Name ► CESA, FELI							
4 Registered Address ➤ Tanza, Cavito	e (ra:	st Name, First Name, M	iddle Name for Individ	luals) (Registered Na		duals) A Zip Code	
5 Foreign Address			The later story and the story of the story o			A Zip Code	
	and the second s		Payor Information			: Lip oods	
6 Taxpayer 0 0 1 8	98 705	0000			The state of the s		
	ATER DISTRIC	T T					
8 Registered Address A Sociano	(Las	t Name, First Name, Mi	ddle Name for Individ	uals) (Registered Na	me for Non-Individ	uals)	
- A Contain	Highway, Tan					Zip Code 4 1 0 8	
PART II Income Payments Subject to	Deta	ails of Monthly Income	Payments and Tax AMOUNT OF INCOM		arter		
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld	
	WC640	the Quarter	the Quarter	the Quarter		For the Quarter	
	VVC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00	
		and the state of t					
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otal		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00	
Money Payments Subject to Withholding of Business Tax (Government & Private)							
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9 MFI	ANIE P. BOB	lilla					
Payor/Pay	yor's Authorized R	Representative	10	J Divis	ion Manager B - A		
(Sign	nature Over Printe	d Name)			encent or on the	Name of the last o	
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	yee's Authorized R		Committees were experience extrement	***************************************	Date Sign	ed	



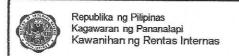
			1014 / 11 0	oarcc		March 2003 (ENCS)
From 0 7 0 1 1	7 (MM/DD/Y	Y) To	▶ 09	31 17		
Part I		NOR SHAPE THE PROPERTY OF THE	Payee Information		MM/DD/YY)	
Taxpayer ► 163 5	99 853	0,0,0,				
Payee's Name ► CESA, FELI	CIANA J.					
		st Name, First Name, M	liddle Name for Indivi	duals) (Registered Na	me for Non-Individu	rale)
Registered Address > Tanza, Cavite	9					Zip Code
Foreign Address 🖫					5A	Zip Code
			Payor Information			P
Taxpayer Identification Number ▶ 0,0,1 8	98 705	0,000				
	ATER DISTRIC	T T				
	(Las	t Name, First Name, M	iddle Name for Individ	duals) (Registered Na	me for Non-Individu	als)
Registered Address • A. Soriano	Highway, Tanz	za, Cavite				Zip Code 4 1 0 8
ARTII	Deta	ils of Monthly Income	Payments and Tax	Withheld for the Qu	arter	PL L
Income Payments Subject to Expanded Withholding Tax	ATC		AMOUNT OF INCO	ME PAYMENTS		
anyanaca estanolating tax		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of	Total	Tax Withheld
	WC640	10,080.00	10080.00	the Quarter 10,080.00	30,240.00	For the Quarter 3024.0
					00,2,0.00	3024.0

ıtal						A STATE OF THE STA
oney Payments Subject to Withholding		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
of Business Tax (Government & Private)						
						A SAME AND
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						Security Control of the Control of t
						
al						
We declare, under the penalties of perjur	y, that this certific	ate has been made in g	ood faith, verified by	me, and to the best of	my knowledge and	belief, is true and correct
suant to the provisions of the National Inter	nal Revenue Code	e, as amended, and the	regulations issued u	nder authority thereof		and, is a see with serewer,
9 MEL	profitable ANIE P. BOB	ADILLA	1	0 Divisi	on Manager B - AC	MD
Payor/Pay	or's Authorized R	epresentative	Principle Control of C	The Property of the Association and Indiana.	Title/Position of	
(Sign	OUT OVER FINITE	s rame)				
forme:		**************************************				***
	ee's Authorized Reature Over Printed		1 mm 1 m	=	Date Signed	



						March 2003 (ENCS)
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2 Taxpayer 163 5	99 853		rayee anomator			
Accitation (of recition)		000,				
3 Payee's Name ► CESA, FELI						
4 Registered Address > Tanza Cavite	(La:	st Name, First Name, M	iddle Name for Indivi	duals) (Registered Na	Landa Article Control of the Control	The state of the s
Tall Lay Court	<u> </u>				4A :	Zip Code
5 Foreign Address ▶					5A 2	Zip Code
			Payor Information	Water the same than the		
6 Taxpayer Identification Number ▶ 0 0 1 8	98 705	0000				
	ATER DISTRIC			A		Franksis and a state of the sta
		st Name, First Name, Mi	della Nama fau la di d	tt-> //5		
8 Registered Address A. Soriano	Highway, Tan	za Cavite	dale Ivame for individ	auais) (Registered Na	me for Non-Individual	
PART II						Zip Code 4 1 0 8
Income Payments Subject to	Deta	ails of Monthly Income	Payments and Tax AMOUNT OF INCO		ıarter	
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter	Total	For the Quarter
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00
			-			
						And the second s
otal		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding						0,054,00
of Business Tax (Government & Private)						

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otal						
We declare, under the penalties of perjuing ursuant to the provisions of the National Inter	ry, that this certific	cate has been made in g	good faith, verified by	me, and to the best of	of my knowledge and I	pelief, is true and correct,
and the stop provides of the readonal lines	milifad	le, as amended, and the USA	regulations issued t	inder authority thereo	f.	
	ANIE P. BOB		1	0 Divis	ion Manager B - ACI	VID
Payor/Pay	or's Authorized R	Representative	and the second s		Title/Position of S	Signatory
(Sigi	Lano Over Finde	a rantej				www.mandele
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	ee's Authorized R		Marie Ma	· ************************************	Date Signed	
Sign	nature Over Printe	d Name				

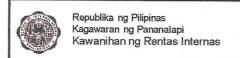


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1 For the Period From 0 1 0 1 1	7		▶03	31 17		
Part I	(MM/DD/Y		Payee Information		MM/DD/YY)	
2 Taxpayer > 163 5	99 853	000				
Identification Number Identification Number Identification Number CESA, FELI		I LITTLE				
CESA, FELI		st Name, First Name, M	idella Nama far Indivi	duals) /D- St 181		2.1.12
Registered Address Tanza, Cavite		straine, Firstraine, M	dule Name for malvi	duals) (Registered Na	ame for Ivon-inc	4A Zip Code
5 Foreign Address »						5A Zip Code
						SA Zip Code
S Taxpayer 0.01 0	98 705		Payor Information			
Identification (Affilia)		0,0,0,0				
Payor's Name ► TANZA WA	ATER DISTRIC					
Registered Address A Soriano	Highway, Tan	st Name, First Name, Mi za, Cavite	adie Name for Individ	duals) (Registered Na	ame for Non-Ind	8A Zip Code 4 1 0 8
PARTII				70-7-X		4 1 0 8
Income Payments Subject to		ails of Monthly Income	AMOUNT OF INCO	CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE	larter	
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	10,080.00	10080.00	10,080.00	30,240	0.00 3024.00

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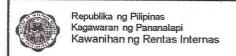
		and the second s			***************************************	
otal	-	40,000,00	40.000.00	10,080,00	20.040	0.004.00
Money Payments Subject to Withholding		10,080.00	10,080.00	10,080,00	30,240	.00 3,024.00
of Business Tax (Government & Private)						
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We declare, under the penalties of perj	ury, that this certifi	icate has been made in	good faith, verified by	v me, and to the best	of my knowledg	le and belief, is true and correct
rsuant to the provisions of the National Inte	ernal Revenue Co	de, as/amended, and th	e regulations issued	under authority there	of.	,- and solid, is the third tollett,
9 ME	LANIE P. BOE	RADILLA		10 Divi	sion Manager	R - ACMD
Payor/Pa	yor's Authorized	Representative	gallerand derivative production (SAGECOMA)	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩		tion of Signatory
(Sig	gnature Over Print	ed Name)				
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	yee's Authorized I		·	***************************************	Date	Signed
Sig	nature Over Print	ed Name				

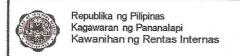


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1 For the Period Prom 0 4 0 1 1	7		▶06	30 17		
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2 Taylayar F	00 1070					
Identification Number	89 978	000				$(t, \tau) = (t, \tau) + ($
3 Payee's Name ► CABITAC N	IICHAEL A.					
	(Las	t Name, First Name, M	ddle Name for Individ	duals) (Registered Nar	ne for Non-Indi	viduals)
4 Registered Address > Tanza, Cavite						4A Zip Code
5 Foreign Address ▶						5A Zip Code
7 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						SA Zip Code ▶
			Payor Information			
6 Taxpayer Identification Number ▶ 0 0 1 8	98 705	0,0,00				
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8 Registered Address A Sociano I	Highway, Tanz	Name, First Name, Mi	ddie (vanie ioi individ	iuais) (registered ivar	and the last of the contract of the last o	
A. Soriano i	nigniway, ranz	a, Cavile		<u> </u>		8A Zip Code 4 1 0 8
PART II	Deta	ils of Monthly Income	Payments and Tax	Withheld for the Qua	arter	and the second s
Income Payments Subject to	ATC		AMOUNT OF INCO	ME PAYMENTS		
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
The same of the sa		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	7,056.00	6888.00	8,938.44	22,882	.44 457.65
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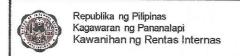
Total		7,056.00	6,888.00	8,938.44	22,882.	44 457.65
Money Payments Subject to Withholding		7,000.00	0,000.00	0,300.44	22,002.	407.00
of Business Tax (Government & Private)				marini marini da		
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	and the same of th					
APPERIOR SECTION AND APPEARANCE A						
otal						
We declare, under the penalties of perju	ury, that this certifi	cate haş been made in	good faith, verified by	y me, and to the best of	of my knowledg	e and belief, is true and correct,
ursuant to the provisions of the National Inte	rnal Revenue Cor	de, as amended, and th	e regulations issued	under authority thereo	f.	
9 MEI	HANIE P. BOE	dilla		10 Di	ian Bianana 1	P ACMD
	LANIE P. BOE		Company of the Section	10 Divis	ion Manager I	
	iyor's Authorized i Inature Over Print				i ilie/Posii	tion of Signatory
		SALE AND AND RECORDS AND				
Conforme:						****
	yee's Authorized F		Minister or Smart Astronomy Sandages	SENSORS PLEAS Eliginus (Coda amueiro alia sigured) Adegeweiro a	Date :	Signed
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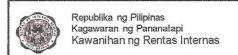
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rioin L.L.L.L.	7 (MM/DD/Y)				(MM/DD/YY)		
Part I 2 Taxpayer			Payee Information	The transfer of the contract o			
Identification Number	89 978	000					
3 Payee's Name ► CABITAC N	/ICHAEL A.						
A Barishand Add		st Name, First Name, M	iddle Name for Individ	duals) (Registered N	Name for Non-Ir		
4 Registered Address > Tanza, Cavite	1					4A	Zip Code
5 Foreign Address >						5A	Zip Code
			Payor Information				
6 Taxpayer Identification Number ▶ 0 0 1 8	98 705	0,0,00					
7 Payor's Name TANZA WA	ATER DISTRIC	DT		ay are a side and accompanies and a second		***	
	(Las	st Name, First Name, Mi	iddle Name for Individ	duals) (Registered N	lame for Non-In	dividua	als)
8 Registered Address A. Soriano	Highway, Tanz	za, Cavite				8A	Zip Code 4 1 0 8
PART II	Deta	ails of Monthly Income	Payments and Tax	Withheld for the C	Quarter		
Income Payments Subject to	ATC		AMOUNT OF INCO				
Expanded Withholding Tax		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		Tax Withheld
	WC640	6,888.00	6048.00	8,462.58	21,39	8.58	For the Quarter 427.97
				3,100.00	27,00	0.00	121.01
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otal otal		6,888.00	6,048.00	8,462.58	21,39	8 58	427,97
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		***************************************					AND THE PROPERTY OF THE PROPER
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Me declare under the negation of period	un, that this sartie	ingto han been made in	nood faith weiling to	I man apad to the tr			January 1
We declare, under the penalties of perjournment to the provisions of the National Interpretations.	ernal Revenue Cod	de, as amended, and th	good taith, verified by e regulations issued	y me, and to the bes under authority ther	it of my knowle: eof.	ige and	I belief, is true and correct,
	milita	dilla					
	LANIÉ P. BOE		MOST IN CORN THAN CONTRACT AND ADMINISTRAÇÃO	10 Div	vision Manage		CMD f Signatory
(Sig	nature Over Print	ed Name)			1106/70	oiuvii O	i orginatory
onforme:							
	yee's Authorized I	Representative	Section 2012 in the Section Control of Section 1999	Minimum of the last strain of the second	Date	e Signe	ed
	anatura Ovar Drint				See C.C.	18110	-



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From 0 1 0 1 1	7 (MM/DD/YY	/) To	▶03	31 17	(MM/DD/YY)		
Part I			Payee Information		(teater 5 Oz 1 1)		
2 Taxpayer Identification Number O O O O O	000 000	0,0,0					
Two named to the same and the s							
3 Payee's Name BORJA, MI	West made to be a series of the series of th						
4 Registered Address ► Tanza, Cavite		st Name, First Name, M	iddle Ivame for Indivi	duais) (Registered N	iame for ivon-in		Zip Code
							* <u> </u>
5 Foreign Address >						5A 2	Zip Code
			Payor Information				
6 Taxpayer Identification Number ■ 0 0 1 8	98 705	0000					
	ATER DISTRIC	<u>'L' L' L' L'</u> 'T	<u> </u>				
10,000		t Name, First Name, M	iddle Name for Individ	duals) (Pagistared N	ama for Non In	dividua	Jo)
8 Registered Address A Soriano	Highway, Tanz		addic reame for mark	duals) (i registered re	arre for typin-it		Zip Code 4 1 0 8
			Section of the control of the contro				*[',',',',']
PART II Income Payments Subject to	Deta	nils of Monthly Income	Categories and programmer (Action to the control of	TOTAL AND THE AND THE WAY TO STREET AND THE PARTY OF THE	uarter		
Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	3rd Month of	Total		Tax Withheld
Experience Training Tex		the Quarter	the Quarter	the Quarter	iotai		For the Quarter
	WC640	6,804.00	6720.00	7,728.00	21,25	2.00	425.04
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					ORIENTATION OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRES	-+	
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		Medicination photos are a second and a second					
Total Money Payments Subject to Withholding		6,804.00	6,720.00	7,728.00	21,25	2.00	425.04
of Business Tax (Government & Private)							
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			***************************************	Person		_	
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Total Control							
Otal We declare, under the penalties of perjudy.	ury that this cortifi	cate has been made in	good faith, verified by	y me and to the he-	t of my knowler	lae and	I haliof is true and some of
ursuant to the provisions of the National Inte	ernal Revenue Cod	de, as amended, and th	good raith, verified by se regulations issued	y me, and to the bes under authority there	र का my knowled eof.	ige and	peller, is true and correct,
	publica LANIE P. BOE	dilla					
			The second secon	10 Div	rision Manage		
Fayor/Pa (Sio	yor's Authorized I	rcepresentative ed Name)			Title/Pos	sition of	Signatory
onforme:	AND THE PROPERTY OF THE PROPER			- to the case of t			
Payee/Pa	yee's Authorized F	Representative	and the state of t	Additional St. Assessment of Assessment Constraints and Constraints	Date	Signe	d

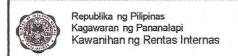


1 For the Period D 4 0 1 1	7		▶ 06]	30 17		
Parti	(MM/DD/YY	CONTRACTOR OF THE PROPERTY OF	Payee Information	34 111	(MM/DD/YY)	
2 Taxpayer	00 000	0,0,0				
3 Payee's Name ► BORJA, ME	ELJUN S.					
		st Name, First Name, M	liddle Name for Individ	duals) (Registered N	Name for Non-Ind	lividuals)
4 Registered Address ► Tanza, Cavite	i					4A Zip Code
5 Foreign Address ▶						5A Zip Code
			Payor Information			
6 Taxpayer 0 0 1 8	98 705	0,0,00				
	ATER DISTRIC	T				
		t Name, First Name, M	iddle Name for Individ	duals) (Registered N	lame for Non-Ind	
8 Registered Address A. Soriano	Highway, Tanz	za, Cavite				8A Zip Code 4 1 0 8
PARTII	Deta	ails of Monthly Income			≀uarter	
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	ME PAYMENTS 3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter	10.6.	For the Quarter
	WC640	7,056.00	6888.00	8,274.00	22,218	3.00 444.36
		7007567100000000000000000000000000000000				
		1				
					- Washington Washington	
				name of the same o		
Total		7,056.00	6,888.00	8,274.00	22,218	.00 444.36
Money Payments Subject to Withholding					e and the control of	
of Business Tax (Government & Private)						
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			Garage Control of the			
	1	ection.				
TREATMENT OF THE PROPERTY OF T						
P-D-0-27 yran eithy 2-2-0 (1920), (Mers Shoot and Allerske construction can be to strip deviate absolute consequence and excession of the strip of t						
otal						
We declare, under the penalties of perjuursuant to the provisions of the National Inte	ernal Revenue Co	de, as amended, and th	good faith, verified b	y me, and to the bes under authority ther	st of my knowledgreof.	je and belief, is true and correct,
9 MEI	LANIE P. BOE	BADILLA		10 Div	vision Manager	B - ACMD
Payor/Pa (Sig	ayor's Authorized gnature Over Print	Representative ed Name)	CONTRACTOR OF THE CONTRACTOR O	The princip promote of the scalar operation energy	Title/Posi	ition of Signatory
Conforme:						
	yee's Authorized I		MELECONOMIC PRODUCTION OF THE	North Hall Control of the Control of	Date	Signed

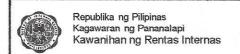


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1 For the Period 10 0 1 1	7) To	► 12 :	31 17	(MM/DD/YY)	
From Lagran Part 1	(MM/DD/YY	national recognition of the Angle Angle and An	Payee Information		(MIM/DD/YT)	
7 Toynover F 1F			ayu momum			And the state of t
Identification Number > 000 0	00 000	000			a regional participation of	
3 Payee's Name ► BOCALAN,	TIMOTEO A. J	R.				
	(Las	t Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	lame for Non-Indiv	riduals)
4 Registered Address ► Tanza, Cavite						4A Zip Code
5 Foreign Address ➤			A CONTRACTOR OF THE PROPERTY O			5A Zip Code
- Landing 17 Marie 18 19 19 19 19 19 19 19 19 19 19 19 19 19			China and China Date the same Section			<u> </u>
			Payor Information			
6 Taxpayer D 0 1 8	98 705	0,000				
	ATER DISTRIC	T			4	
TANZA VI		t Name, First Name, Mi	ddla Nama for Individ	Juals) (Registered N	lame for Non-India	viduals)
8 Registered Address A Soriano	Highway, Tanz			(1.5)		8A Zip Code 4 1 0 8
						*
PART II	Deta	ails of Monthly Income	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P)uarter	
Income Payments Subject to	ATC		AMOUNT OF INCO		r =	7-3650
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
	100000	the Quarter	the Quarter	the Quarter	30,240.	For the Quarter 00 3024.00
	WC640	10,080.00	10080.00	10,080.00	30,240.	3024.00

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					and the second second	
Total		10,080.00	10,080.00	10,080.00	30,240.	00 3,024.00
Money Payments Subject to Withholding		and the state of the state of	operation of the second		e en la companya de l	
of Business Tax (Government & Private)						
						
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					NAMES OF THE PARTY	
					OP NUMBER OF SECURISM WAS DESCRIBED UP TO	BANKERSEN STANDERSEN VERTEN EINE EN EINE STANDE GENER GEREN WERTEN WERTEN EINE VERWEN EINE VERSCHEINE WERTEN E
Total						
We declare, under the penalties of per	rjury, that this certif	ficate has been made ir	n good faith, verified b	y me, and to the be	st of my knowledg	je and belief, is true and correct,
pursuant to the provisions of the National In	ternal Revenue Co	ode, as amended, and t	he regulations issued	under authority the	ereof.	
845	ELANIE P. BO	rolla		10 0	ivision Manager	B - ACMD
	Payor's Authorized			10 Di		tion of Signatory
rayonr (S	ignature Over Prin	ited Name)			1,00/1 031	,
Conforme:				1		
	ayee's Authorized				Date	Signed

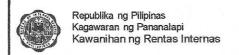


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1 For the Period Prom 0 7 0 1 1	7 (MM/DD/YY) To	► 09	30 17	MM/DD/YY)	
Parti	1 (WHOLESEN I I	1	Payee Information			
7 Toyonyor F-1F	00 000	0,0,0		and the contract with the state of the		
Identification Number						
3 Payee's Name BOCALAN,	TIMOTEO A. J					
		t Name, First Name, N	fliddle Name for Individ	uals) (Registered N		
4 Registered Address > Tanza, Cavite)				44	Zip Code
5 Foreign Address	The control and the control an	transference of the Company of the C			5A	Zip Code
						*
6 Taxpayer			Payor Information			
Identification Number 0 0 1 8	98 705	0,000				
7 Payor's Name ► TANZA WA	ATER DISTRIC	T	Alexander de la companya de la comp			
	(Las	st Name, First Name, N	fiddle Name for Individ	uals) (Registered N	ame for Non-Individ	uals)
8 Registered Address A. Soriano	Highway, Tanz	za, Cavite			8A	Zip Code 4 1 0 8
PART II			e Payments and Tax	Withhold for the O	Hartor	
Income Payments Subject to	Deta	ans of Monthly Incom	AMOUNT OF INCO		uarter	
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
Expanded Wallouding Tax		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640		10080.00	5,040.00	15,120.00	
			e zanezan tamani an min Azmir mantan taman manin mantan sa Atma			
						
Total			10,080.00	5,040.00	15,120.00	2,520.00
Money Payments Subject to Withholding		warre of annual accessors to bright a supplementation				
of Business Tax (Government & Private)						
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		COMMUNICATION OF THE PROPERTY				
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	<u> </u>			1		
Total						
We declare, under the penalties of per	jury, that this certi	ficate has been made	in good faith, verified b	y me, and to the bes	st of my knowledge	and belief, is true and correct,
pursuant to the provisions of the National In	ternal Revenue Co	ode, as amended, and	the regulations issued	under authority the	reof.	
9 ME	ELANIE P. BO	RADIIA		10 Di	vision Manager B -	ACMD
	Payor's Authorized					n of Signatory
(S	ignature Over Prin	ited Name)				,
Conforme:				Name of the Control o		
Payee/P	ayee's Authorized				Date Sig	ned

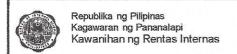


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2 Taxpayer ► 430 8	43 779	000				
Payee's Name BERMEJO,	RYAN S.					
	·	t Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	lame for Non-In-	
Registered Address > Tanza, Cavite						4A Zip Code
5 Foreign Address >						5A Zip Code
			Payor Information			
Taxpayer Identification Number □ 0 0 1 8	98 705	0,000				
	ATER DISTRIC					
		t Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	ame for Non-Inc	dividuals)
Registered Address A. Soriano	Highway, Tanz	za, Cavite				8A Zip Code 4 1 0 8
PARTII	Deta	ils of Monthly Income	Payments and Tax	Withheld for the Q	uarter	
Income Payments Subject to	ATC		AMOUNT OF INCO	ME PAYMENTS		
Expanded Withholding Tax		1st Month of	2nd Month of the Quarter	3rd Month of	Total	Tax Withheld
	WC640	the Quarter 6,048.00	6888.00	the Quarter 7,728.00	20,66	For the Quarter 4.00 413.2
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					ate and a resolute set the second	
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		West of the second seco				
					TOTAL PROPERTY OF THE PARTY.	
otal .		6,048.00	6,888.00	7,728.00	20,66	4.00 413.28
Money Payments Subject to Withholding		0,040.00	0,000.00	7,120.00	20,00	7.02
of Business Tax (Government & Private)						
					ming physical National State of the State of	

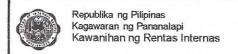
The state of the s						
LES CONTRACTOR CONTRAC						
					OF REAL PROPERTY OF THE PERSON NAMED IN COLUMN 1	
otal Madalas Madalas Missas						
We declare, under the penalties of perj ursuant to the provisions of the National Int						ige and belief, is true and correct,
	LANE P. BOE					m 40110
	LANIE P. BOE ayor's Authorized			10 Div	vision Manage Title/Po	r B - ACMD sition of Signatory
(Si	gnature Over Print	red Name)			1,00/1 01	ement on originatory
onforme:	NAME OF THE OWNER OWNER OF THE OWNER OWNE					Eess.
	ayee's Authorized I	Representative	The second secon	None of the Part of the Control of t	Date	e Signed
. 2,00/1		101			Same del C	



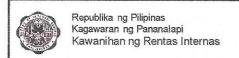
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Part (Payee Information			
2 Taxpayer Identification Number ↓ 4 3 0	843 779	000				
), RYAN S.					
		st Name, First Name, Mi	iddle Name for Individ	luals) (Registered N	ame for Non-Individu	ıals)
4 Registered Address ► Tanza, Cavit	AND DESCRIPTION OF THE PARTY OF	Charte		<u> </u>		Zip Code
5 Foreign Address >					5A	Zip Code
			Payor Information			<u> </u>
3 Taxpayer 0 0 1 0	898 705	0000	ayor imorra			
Identification Number						
7 Payor's Name ► TANZA W	/ATER DISTRIC					
3 Registered Address ► A Soriano	Las) o Highway, Tanz	st Name, First Name, Mi	ddle Name for individ	uals) (Registered iva		Zip Code 4 1 0 8
						<u> </u>
PART II	Deta	ails of Monthly Income	Payments and Tax AMOUNT OF INCO	NAMES OF THE PARTY	uarter	T
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	5,544.00	4704.00	8,232.00	18,480.00	369.60
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				300		
			and the same of th	- Inches		
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	-		14	- Area -		
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	1			ATTENDED OF THE PARTY OF THE PA		
Total		5,544.00	4,704.00	8,232.00	18,480.00	369.60
Money Payments Subject to Withholding						
of Business Tax (Government & Private)						
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	1			-		
	1					
					INCOMES OF THE PROPERTY OF THE	
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	-	7				
	-					<u> </u>
				ALL CLASSIC CO. D. C.		
	1					
Total						
We declare, under the penalties of pe	eriury, that this certi	ficate has been made in	n good faith, verified b	by me, and to the bes	at of my knowledge a	Ind belief, is true and correct,
oursuant to the provisions of the National I	Internal Revenue Co	ode, as amended, and t				
- 84	psitifa IELANIE P. BOI	della		** Di-	* · · · · · · · · · · · · · · · · · · ·	4.03.20
			demonstrative and modern completely and completely	10 Div	vision Manager B - / Title/Position	
rayon (/Payor's Authorized Signature Over Prin	ited Name)			HIGH COMOL	or digitatory
Conforme:						
	Payee's Authorized		And the second s		Date Sigi	ned



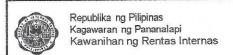
1 For the Period						
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Part I		THE PERSON NAMED OF THE PE	Payee Information			
2 Taxpayer	00 000	0.0.0				
Identification (vumper ————————————————————————————————————		1400				
3 Payee's Name ► BAUTISTA	AEY S.					
		t Name, First Name, M	iddle Name for Individ	duals) (Registered I		
4 Registered Address ► Tanza, Cavite	9				4	A Zip Code
5 Foreign Address >			The Walley Committee of the Committee of	And the second s	5	A Zip Code
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6 Taxpayer			Payor Information			
Identification Number • 0 0 1 8	98 705	0,0,0,0				
	ATER DISTRIC					
<u> </u>		t Name, First Name, M	iddle Name for Individ	tuals) (Registered h	Name for Non-Indivi	duals)
8 Registered Address A Soriano	Highway, Tanz			7,1,-3		A Zip Code 4 1 0 8
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PART II	Deta	ils of Monthly Income		STATE OF THE PERSON NAMED	Quarter	
Income Payments Subject to	ATC	<u> </u>	AMOUNT OF INCO			
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	7,910.00	6988.00	8,736.00	23,634.0	0 472.68
						
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		7,910.00	6,988.00	8,736.00	23,634.0	0 472.68
Total		7,310.00	0,388.00	0,730.00	23,034.0	772.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Of Business Tax (Government & Fitvate)						
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		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE				
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Total						
We declare, under the penalties of per	jury, that this certif	icate has been made in	n good faith, verified b	y me, and to the be	est of my knowledge	and belief, is true and correct,
pursuant to the provisions of the National In	ternal Revenue Co	de, as amended, and t	he regulations issued	under authority the	ereof.	
	LANIE P. BOI	della		40 -		A C 14 D
			****	10 D	ivision Manager B	
Payor/F	ayor's Authorized gnature Over Print	rcepresentative ted Name)			i itie/Positie	on of Signatory
(6						
Conforme:						
Payee/F	ayee's Authorized	Representative	Communication (new York and Association (State Mark		Date S	igned
2	anatura Ovar Print	lad Nama				



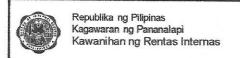
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2 Taybayar - T	000 000	0,0,0,	Fayee mormation			
4 Registered Address ► Tanza, Cavit	(Li	ast Name, First Name, N	Middle Name for Indiv	iduals) (Registered		ials) Zip Code
5 Foreign Address ▶					5A	Zip Code
rdentinoation radinoei	398 705 ATER DISTRI		Payor Information			
	Highway, Tai				8A	Zip Code 4 1 0 8
PART II Income Payments Subject to	De	tails of Monthly Incom	e Payments and Ta	SENSOR PROCESSOR STATEMENT OF THE PROCESSOR OF THE PROCES	Quarter	T
Expanded Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld For the Quarter
	WC640	7,140.00	7994,00	9,840.00	24,974.00	459.33
Total Money Payments Subject to Withholding		7,140.00	7,994.00	9,840.00	24,974.00	459.33
of Business Tax (Government & Private)						
Payor/P	jury, that this cert ternal Revenue C ps of the LANIE P. BC ayor's Authorized gnature Over Prin	ode, as amended, and the second of the secon	n good faith, verified l the regulations issued	d under authority the	est of my knowledge ar ereof. Division Manager B - A Title/Position	ACMD
	ayee's Authorized gnature Over Prir			***************************************	Date Sign	ied



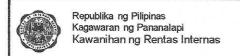
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Identification Number	12 413	000					
3 Payee's Name ► BARRERA,	JULIETA S.						
	(Last	t Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	ame for Non-In		
4 Registered Address > Tanza, Cavite						4A Z	Zip Code
5 Foreign Address ▶			The second section of the Landschool Control of the			5A Z	Zip Code
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6 Taxpayer	,		Payor Information	***************************************			
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	TER DISTRIC	Т		autorida (m. 1904). Propinski propinski propinski propinski propinski propinski propinski propinski propinski p			
		Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	ame for Non-In	dividual	(s)
8 Registered Address A. Soriano	Highway, Tanz	-				A C. T. C. A. W. S. T. C. V. S.	Zip Code 4 1 0 8
PART II	The Marie Williams and The Company	ils of Monthly Income	Decimal to the state of the sta	Mish hold for the O			PL-L-L-L
Income Payments Subject to	Deta	ns or wontiny income	AMOUNT OF INCO		uarter	$\neg \neg$	
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total		Tax Withheld
Enpanaco Manioranig Iox		the Quarter	the Quarter	the Quarter			For the Quarter
	WC640	12,096.00	12096.00	12,096.00	36,28	38.00	3628.80
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					NAME OF TAXABLE PARTY.	-	
Total		12,096.00	12,096.00	12,096.00	36,28	8 00	3,628.80
Money Payments Subject to Withholding		12,050.00	12,030.00	12,030.00	50,20	0.00	0,020.00
of Business Tax (Government & Private)		and the first trade of the contract of				erroger e	
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Total							
We declare, under the penalties of per	ium that this cortifi	icato has hoon made in	good faith verified h	u me, and to the hes	t of my knowle	doe and	I holief is true and correct
pursuant to the provisions of the National Int	ernal Revenue Co	de, as amended, and th	good later, verified b re regulations issued	under authority ther	eof.	uye an	i beller, is true and correct,
	LANIE P. BOI	rdella					
			accumum properties and the control of the control o	10 Div	vision Manage		
	ayor's Authorized gnature Over Print				Title/Po	sition of	f Signatory
(3)	andre Over Fillit	wa realid)					
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	ayee's Authorized	Representative		-	Da	te Signe	ed
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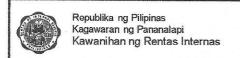
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2 Tayrayar F	12 413	000				
Identification Number	12 413	000				
3 Payee's Name BARRERA,						
	(Last	Name, First Name, Mi	ddle Name for Individ	luals) (Registered Na	ame for Non-Individu	als)
4 Registered Address ► Tanza, Cavite	POWER PROPERTY AND ADMINISTRAL PARTY AND ADM				4A	Zip Code
5 Foreign Address >		Name of the State	Action (III Constituting and the Constitution of the Constitution		5A	Zip Code
			Payor Information			
6 Taxpayer			rayor information			
Identification Number	98 705	0,0,00				AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
7 Payor's Name TANZA WA	TER DISTRIC	T				
	(Last	Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	ame for Non-Individu	als)
8 Registered Address A. Soriano	Highway, Tanz	a, Cavite			8A	Zip Code 4 1 0 8
		ils of Monthly Income	Payments and Tax	Withheld for the Q	uarter	
PART II Income Payments Subject to	Deta	ns of monthly media	AMOUNT OF INCO			
Expanded Withholding Tax	ATC -	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	12,096.00	12096.00	12,096.00	36,288.00	3628.80
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			The second secon	ENT DE LOS MONTHS EN SANA EN S		
Total		12,096.00	12,096.00	12,096.00	36,288.00	3,628.80
Money Payments Subject to Withholding						
of Business Tax (Government & Private)						
	 					
	 					
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Total	I manufacture and the second	Anna Marchaeann a' mhaitheadh an ann an ann an Airean	1 P 141 100 1		at at manda and a day	and hallof is true and sevent
We declare, under the penalties of pe pursuant to the provisions of the National Ir	rjury, that this certi	ficate has been made	in good faith, verified the regulations issue	by me, and to the be d under authority the	est of my knowledge i ereof.	and pelier, is true and correct,
pursuant to the provisions of the National II	mill	dilla				0
9 M	ELANIE P. BO	BADILLA		10 D	ivision Manager B	
Payor/l	Payor's Authorized	Representative			Title/Positio	n of Signatory
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Conforme:						
	Payee's Authorized	l Representative			Date Si	gned
	Signature Over Prir					



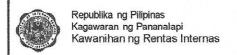
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From *04 0 1 1	7 (MM/DD/YY) То	▶06	30 17	(MM/DD/YY)		
Parti			Payee Information				
2 Taxpayer Identification Number 129 9	12 413	000					
3 Payee's Name ► BARRERA,	JULIETA S.						
A CONTRACTOR OF THE CONTRACTOR		t Name, First Name, M	iddle Name for Individ	duals) (Registered N	lame for Non-I	ndividua	ds)
4 Registered Address > Tanza, Cavite		Charles and the Charles and th		A A STATE OF THE S			Zip Code
5 Foreign Address >						5A 7	Zip Code
L.	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		Payor Information				<u> </u>
6 Taxpayer	00 1705		rayor information				
raentinoation ratinoat	98 705						
7 Payor's Name TANZA WA	ATER DISTRIC						
8 Registered Address A Soriano		t Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	lame for Non-li		
7 L Contano	Highway, Tanz] ** 4	Zip Code 4 1 0 8
PART II	Deta	ils of Monthly Income		THE SECOND HAS DEPOSED AND PROPERTY OF THE PRO	luarter		
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	ME PAYMENTS 3rd Month of	Total		Tax Withheld
		the Quarter	the Quarter	the Quarter	TOTAL		For the Quarter
	WC640	12,096.00	12096.00	12,096.00	36,2	88.00	3628.80
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Total		12,096.00	12,096.00	12,096.00	36,28	18.00	3,628.80
Money Payments Subject to Withholding of Business Tax (Government & Private)							
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We declare, under the penalties of perjudical was ursuant to the provisions of the National Inter-	ary, tnat this certifi ernal Revenue Cor	cate nas been made in de, as amended, and th	good raith, verified by se regulations issued	y me, and to the bes under authority then	t ot my knowle eof.	dge and	belief, is true and correct,
	LANIE P. BOE						
	LANIE P. BOE ayor's Authorized I			10 Div	ision Manage		CMD Signatory
(Sig	gnature Over Printe	ed Name)			i ille/PC	JU HOUSE	oignatory
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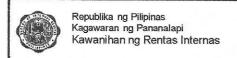
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Part I 2 Taxpayer Identification Number 129 9	12, 413	0,00,	Payee Information			
3 Payee's Name BARRERA,						
4 Registered Address ► Tanza, Cavite	the state of the s	st Name, First Name, M	iddle Name for Indivi	duals) (Registered I		duals) A Zip Code
5 Foreign Address >					5	A Zip Code
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		t Name, First Name, M	iddle Name for Individ	duals) (Registered N	Personal and the second lives and the second part of the second part o	duals) A Zip Code 4 1 0 8
PARTII		ails of Monthly Income	Payments and Tax	Withheld for the 0		F[',]
Income Payments Subject to	ATC		AMOUNT OF INCO			
Expanded Withholding Tax		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld For the Quarter
	WC640	12,096.00	12096.00	12,096.00	36,288.0	0 3628.80
Total Money Payments Subject to Withholding of Business Tax (Government & Private)		12,096.00	12,096.00	12,096.00	36,288.0	0 3,628.80
Payor/P		ede, as amended, and to JUU BADILLA Representative		under authority the	reof. ivision Manager B	
Payee/	ayee's Authorized		palmining all more address of the company of the parameter	With control and the control a	Date S	igned



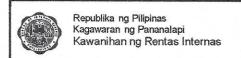
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Identification (4diffice)	ON PAULO L.					
AKING, D		t Name, First Name, M	iddle Name for Individ	tuals) (Registered Na	ame for Non-Individua	lc)
4 Registered Address ► Tanza, Cavite				audo) (riogiotoros re	4A	Zip Code
5 Foreign Address						Zip Code
			Payor Information			<u> </u>
6 Taxpayer > 0.0.1 8	98 705	0000				**
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Fayors Name FITAINZA VVA	TER DISTRIC	, I t Name, First Name, Mi	ddla Nama for Individ	tuals) (Pagistared No	omo for Non Individua	1c)
Registered Address A. Soriano I			date marine for marvic	idais) (Negislered Na		Zip Code 4 1 0 8
PARTII		ils of Monthly Income	Payments and Tay	Withheld for the O	narfor	<u> </u>
Income Payments Subject to		ar or morally moone	AMOUNT OF INCO		iantei	
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
	10000	the Quarter	the Quarter	the Quarter	80 477 00	For the Quarter
The state of the s	WC640	6,552.00	6381.90	9,544.08	22,477.98	449.56
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fotal		6,552.00	6,381.90	9,544.08	22,477.98	449.56
Money Payments Subject to Withholding						
of Business Tax (Government & Private)						
		WATERCOOK	and the state of t			
			Per Control Co			
otal						
We declare, under the penalties of perju	ury, that this certif	cate has been made in	good faith, verified b	y me, and to the best	of my knowledge and	belief, is true and correct,
ursuant to the provisions of the National Inte	ernal Revenue Co	de, as amended, and the	ne regulations issued	under authority there	eof.	
	LANIÉ P. BOI	BADILLA		10 Div	ision Manager B - A	CMD
	yor's Authorized mature Over Print		ngaran ar Militar Bankar (Maria Bankar) (Maria Bank	2000 PRODUCTION OF THE PRODUCT	Title/Position o	f Signatory
onforme:						
	yee's Authorized	Representative			Date Signe	ed



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From • 01 0 1 1	7 (MM/DD/YY)) То	▶ 03 3	31 17	MM/DD/YY)	
Part I			Payee Information			
2 Taxpayer ► 4 7 7 8	36 077	000				
identification (vulliper						
3 Payee's Name ► ARMIJO, D	ON PAULO L.	t Name, First Name, Mi	ddla Nama far Individ	ivale) (Pagistarad Na	ame for Non-Individ	uals)
4 Registered Address > Tanza, Cavite		t Ivame, First Ivame, ivii	ddie manie for individ	uais) (Registered Na		Zip Code
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5 Foreign Address >					5A	Zip Code
production of the second secon			Payor Information			
6 Taxpayer Dumber 0 0 1 8	98 705	0000				
Identification (vumber						
7 Payor's Name ► TANZA WA	ATER DISTRIC					
o Barbara d'Addresa - F	and the second of the second of the second	Name, First Name, Mi	ddle Name for Individ	luals) (Registered Na	me for Non-Individ	
8 Registered Address A. Soriano	Highway, Tanz	a, Cavite				Zip Code 4 1 0 8
PARTII	Deta	ils of Monthly Income	Payments and Tax	Withheld for the Qu	uarter	
Income Payments Subject to	ATC		AMOUNT OF INCO	ME PAYMENTS		
Expanded Withholding Tax	Alo	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	6,888.00	7224.00	7,392.00	21,504.00	430.08
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Total		6,888.00	7,224.00	7,392.00	21,504.00	430.08
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of Business Tax (Government & Private)						
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					A CONTRACTOR OF THE CONTRACTOR	
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					Action to the second se	
Total						
We declare, under the penalties of per	jury, that this certif	icate has been made ir	good faith, verified b	y me, and to the bes	t of my knowledge	and belief, is true and correct,
pursuant to the provisions of the National Int			he regulations issued	under authority then	eof.	
9 ME	M LANE P. BOI	BADILLA		10 Div	rision Manager B -	- ACMD
	'ayor's Authorized		-			n of Signatory
	ignature Over Print					1098 - 12 X53
			Secretary of the second			
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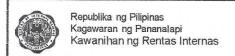


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Part!	(MM/DD/YY	CONTRACTOR OF THE PROPERTY OF	Payee Information		VIM/DD/YY)		
2 Taxpayer	00 000	0,0,0,	ayee monadon				
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3 Payee's Name ► ARCUSA, J	IOHN VIC L.					15 1 1	
4 Registered Address > Tanza, Cavite		t Name, First Name, Mi	ddle Name for Individ	luals) (Registered Na	ame for Non-In		als) Zip Code
					-		* <u> </u>
5 Foreign Address	THE TAX OF THE PARTY OF THE PAR			ness one see		5A	Zip Code
6 Taxpayer	1,1		Payor Information				
Identification Number	98 705	0000					
7 Payor's Name ► TANZA W	ATER DISTRIC	T					
8 Registered Address A Soriano		Name, First Name, Mi	ddle Name for Individ	uals) (Registered Na	me for Non-Inc		
· L. odnane	Highway, Tanz					ВA	Zip Code 4 1 0 8
PART II	Deta	ils of Monthly Income			uarter		
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	AMOUNT OF INCO	3rd Month of	Total		Tax Withheld
		the Quarter	the Quarter	the Quarter			For the Quarter
	WC640	5,208.00	6048.00	7,896.00	19,15	2.00	383.04
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Total		5,208.00	6,048.00	7,896.00	19,15	2.00	383.04
Money Payments Subject to Withholding							
of Business Tax (Government & Private)							
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Total						\dashv	
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oursuant to the provisions of the National Int	ternal Revenue Cod	de, as âmended, and th					Manuschille
9 ME	M ifofa ELANIE P. BOE	BADILLA		10 Div	ision Manage	rB-A	CMD
Payor/P	ayor's Authorized I	Representative	-) 			of Signatory
(Si	ignature Over Printe	ea Name)					Sur miles sur publication of the sur publicat
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	ayee's Authorized F		CONTRACTOR CONTRACTOR AND	And a state of the same of the	Date	e Sign	ed



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Part I 2 Taxpayer 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000	0,0,0,	Payee Information			
3 Payee's Name ARCUSA, J	OHN VIC L.					
4 Registered Address ► Tanza, Cavite		st Name, First Name, N	liddle Name for Indiv	iduals) (Registered I		als) Zip Code
5 Foreign Address →					5A	Zip Code
6 Taxpayer Identification Number ▶ 0 0 1 8	98 705	0,0,0,0	Payor Information			
production of the control of the con	ATER DISTRIC		NE TO THE TOTAL PROPERTY OF THE TOTAL PROPER			
8 Registered Address A. Soriano	Highway, Tan	st Name, First Name, M za, Cavite	iddle Name for Indivi	duals) (Registered f		Zip Code 4 1 0 8
PARTII	Det	ails of Monthly Incom	e Payments and Tax	Withheld for the	Quarter	
Income Payments Subject to	ATC		AMOUNT OF INCO			
Expanded Withholding Tax		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld For the Quarter
	WC640	6,888.00	6216.00	7,392.00	20,496.00	409.92
A COMMENSATION OF THE PROPERTY						

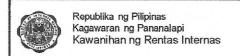
Total		6,888.00	6,216.00	7,392.00	20,496.00	409.92
Money Payments Subject to Withholding of Business Tax (Government & Private)						
	and the same of th					
Fotal						
We declare, under the penalties of per pursuant to the provisions of the National In	ternal Revenue Co	ode, as amended, and t	n good faith, verified he regulations issued	by me, and to the be d under authority the	st of my knowledge ar ereof.	nd belief, is true and correct,
	LANIE P. BO			10 D	ivision Manager B - A	
	ayor's Authorized ignature Over Prin		and the second s	Security and a second s	Title/Position	of Signatory
Conforme:						
	ayee's Authorized				Date Sigr	ned



BIR Form No. 2307

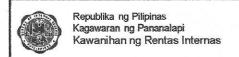
							March 2000 (E1400)
1 For the Period	7 (MM/DD/YY)) To	► 06	30 17	(MM/DD/YY)		
Part I	I (WINVOOD) TT		Payee Information		(IVIIVI/DU/YY)		
2 Taxpayer • 0 0 0	00 000	000	AND THE PERSON NAMED IN COLUMN	Mile Tourney on the Transcript of		Charles would be able provide	
Identification (Author)		1444					
3 Payee's Name ARCA, VIR	SILIO T.						
4 B - 1 - 1 - 1 - 1 - 1		t Name, First Name, Mi	ddle Name for Individ	luals) (Registered	Name for Non-I		protection and the protection of the protection
4 Registered Address ► Tanza, Cavite	f .					4A Zi	p Code
5 Foreign Address >	***************************************					5A Zi	p Code
Prince Pr			Payor Information			1	*
6 Taxpayer	00 705		C) OF INVANIANCE				
Identification (vulnoe)		0,0,0,0					
7 Payor's Name TANZA WA	ATER DISTRIC						
		Name, First Name, Mi	ddle Name for Individ	luals) (Registered	Name for Non-I		
8 Registered Address • A. Soriano	Highway, Tanz	za, Cavite				8A Zi	p Code 4 1 0 8
PARTII	Deta	ils of Monthly Income	Payments and Tax	Withheld for the	Quarter		
Income Payments Subject to	ATC		AMOUNT OF INCO	ME PAYMENTS			
Expanded Withholding Tax	Alo	1st Month of	2nd Month of	3rd Month of	Total		Tax Withheld
		the Quarter	the Quarter	the Quarter			For the Quarter
	WC640	7,810.00	5894.00		13,7	04.00	274.08
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							WARPER PRESIDENT CONTRACTOR OF
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			WANT THE PARTY OF		-		
							
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Fotal		7,810.00	5,894.00	•	13,7	04.00	274.08
Money Payments Subject to Withholding		and the second of the second of					
of Business Tax (Government & Private)							
				9-00-00			
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	Annual Company of Comp						A (MONTO) ESTE (MAIL CARLOS AND
		was a second	and the same of th				
otal							
We declare, under the penalties of perjo	ury, that this certific	cate has been made in	good faith, verified by	me, and to the be	st of my knowle	edge and b	pelief, is true and correct,
ursuant to the provisions of the National Inte			e regulations issued	under authority the	ereof.		
9 MEI	LANIE P. BOB	BADILLA		10 D	ivision Manag	er B - ACI	VID I
	yor's Authorized F		Separate SA Security States of Separate Security			osition of S	
	gnature Over Printe				. Parson I		
Conforme:			an mayorov man mid a anyong ita anadan				
Payee/Pa	yee's Authorized F	Representative	and the state of t		Da	ite Signed	

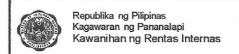


1 For the Period	7 (MM/DD/YY) То	▶ 03 ;	31 17	(MM/DD/YY)	
Part I	TITI (INNERDENTE	Direct And the feet Auditor (See A Lateral Andrews Control of Cont	Payee Information		(INTERNIDION 1 1)	
2 Townson Complete			rayee anormation			
Identification Number	00 000	000				
3 Payee's Name ► ARCA, VIR	CULOT					
Anca, VIII						
<u> </u>		t Name, First Name, M	iddle Name for Individ	tuals) (Registered N	200 April 200 Ap	
4 Registered Address ► Tanza, Cavite	9				4/	A Zip Code
5 Foreign Address						A Zip Code
o i dioigni/idadess						•
			Payor Information			
6 Taxpayer	98 705	0000				
Identification Number	90 100	0,000				
7 Payor's Name ► TANZA WA	ATER DISTRIC	T				
· ·		Name, First Name, M	idala Nama fayladida	husto) (Basistavad h	lama for Non-Indivis	
8 Registered Address A Soriano	***************************************		date rattic for training	idais) (i togistorea i		
A. Soriano	Highway, Tanz	ta, Cavite				4 1 0 8
PART II	Deta	ils of Monthly Income	Payments and Tax	Withheld for the C	Quarter	
Income Payments Subject to			AMOUNT OF INCO			
	ATC					
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	8,078.00	6902.00	9,184.74	24,164.74	483.29
	CONTRACTOR OF CO	Control of the post of the Control o				
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			1	CHIMMET CAMERICAL PROGRESSION OF THE CONSTRUCTION OF THE		

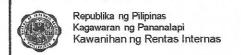
		and the state of t				
Total		8,078.00	6,902.00	9,184.74	24,164.74	483.29
Money Payments Subject to Withholding						
of Business Tax (Government & Private)						
					CONCRETE OF THE PARTY OF THE PA	
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	-		-			
Total						
We declare, under the penalties of per	iurv. that this certifi	cate has been made in	good faith, verified b	v me, and to the be	st of my knowledge :	and belief, is true and correct.
pursuant to the provisions of the National Inf						and world, to traveline detroot,
	4.22	lilla		,	ORDER AND SE	
9 ME	LANIE P. BOI	BADII I A		10 Di	ivision Manager B -	ACMD
	ayor's Authorized		Contract of the Contract of th			n of Signatory
(Si	gnature Over Print	ed Name)			TILIE/T USILIU	. o. orginatory
Conforme:						
		D	destance again at the wall in the wall	-		
	ayee's Authorized				Date Sig	Jued I



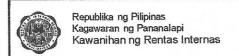
				NAMES OF THE PROPERTY OF THE P	est conservation of each provide a block of the conservation of th	
1 For the Period > 0 1 0 1 1	7		▶ 03 3	31 17		
From LL_L	(MM/DD/YY				MM/DD/YY)	
Part I			Payee Information			
2 Taxpayer ldentification Number	00 000	0,00				
	BELARDO R.		<u> </u>			
a rayees realite ARBOES, A		t Name, First Name, Mi	dalla Nama fan Indinia	(ivola) /Demistered N	omo for Non Individu	als)
4 Registered Address > Tanza, Cavite		t ivame, riist ivame, ivii	dale Name for maivid	luais) (registered iv		Zip Code
4 Registered Address > Tanza, Cavite	!					<u> </u>
5 Foreign Address ►					5A	Zip Code
<u> </u>			Payor Information			
6 Taxpayer			ayor mormaton			
Identification Number 0 0 1 8	98 705	0000				
7 Payor's Name ► TANZA WA	ATER DISTRIC	T				
		t Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	ame for Non-Individu	uals)
8 Registered Address A. Soriano	Highway, Tanz					Zip Code 4 1 0 8
PART II	Deta	ils of Monthly Income			uarter	
Income Payments Subject to	ATC		AMOUNT OF INCO			
Expanded Withholding Tax		1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	7,140.00	7586.04	7,896.00	22,622.04	452.44
		A CONTRACTOR OF THE CONTRACTOR	Lancas and the same of the sam	ANTONIO DE LA CONTRACTOR DE LA CONTRACTO		
					and the state of t	
					And the second s	
Total		7,140.00	7,586.04	7,896.00	22,622.04	452.44
Money Payments Subject to Withholding						
of Business Tax (Government & Private)						
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327						
					The state of the s	
					Audy plagence or colored Markett representative to the Colored	
Total						
We declare, under the penalties of per	jury, that this certif	ficate has been made ir	good faith, verified b	y me, and to the be	st of my knowledge a	and belief, is true and correct,
pursuant to the provisions of the National In	ternal Revenue Co	ode, as amended, and t	he regulations issued	under authority the	reof.	
9 ME	LANIE P. BO	RADILA		10 Di	vision Manager B -	ACMD
	ayor's Authorized					n of Signatory
	ignature Over Prin				Tillo/T OSICIOI	
Conforme:						
	ayee's Authorized				Date Sig	ned
	ignature Over Prin					



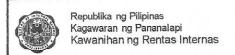
From Lilil	7 (MM/DD/YY	THE REPORT OF THE PERSON NAMED OF THE PERSON N		30 17	(MM/DD/YY)	
identification (vumper ————————————————————————————————————	00 000 ABELARDO R.	900	Payee Information			
4 Registered Address ► Tanza, Cavite	(Las	t Name, First Name, M	iddle Name for Individ	duals) (Registered I		uals)
5 Foreign Address ►					5A	Zip Code
7 Payor's Name TANZA W/	ATER DISTRIC	0,0,0,0 T t Name, First Name, M	Payor Information	duals) (Registered N		uals) Zip Code 4, 1, 0, 8
PART II Income Payments Subject to		ils of Monthly Income	Payments and Tax AMOUNT OF INCO		Quarter	
Expanded Withholding Tax	ATC -	1st Month of the Quarter 6,552.00	2nd Month of the Quarter 6888.00	3rd Month of the Quarter 8,736.00	Total 22,176.00	Tax Withheld For the Quarter 443.52
Total Money Payments Subject to Withholding of Business Tax (Government & Private)		6,552.00	6,888,00	8,736.00	22,176.00	443.52
Payor/P	jury, that this certificernal Revenue Con And Proof LANIE P. BOB ayor's Authorized gnature Over Print	de, as amended, and the BADILLA Representative	ne regulations issued	under authority the	reof. ivision Manager B -	
	ayee's Authorized I		and the state of t		Date Sig	ned



1 For the Period Prom 0 4 0 1 1	7 (MM/DD/YY			30 17	(MM/DD/YY)	
Part I 2 Taxpayer Identification Number	97 531	0,0,0,	Payee Information			
3 Payee's Name ARARACAF	P, ERNEST MAI	RION F. t Name, First Name, M	iddle Name for Individ	luals) (Registered N	lame for Non-Individu	als)
4 Registered Address ► Tanza, Cavite 5 Foreign Address ►			and the second s		A Deal William Water Street Company	Zip Code
5 Foreign Address			Payor Information			2.19 0-03.00
Identification Number	98 705 ATER DISTRIC	[0,000] CT				
8 Registered Address A. Soriano	(Las Highway, Tanz	t Name, First Name, M za, Cavite	iddle Name for Individ	luals) (Registered N		als) Zip Code 4 1 0 8
PART II	Deta	ils of Monthly Income		MARKET THE PROPERTY OF THE PRO	luarter	
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld For the Quarter
	WC640	6,216.00	6048.00	7,056.00	19,320.00	386.40
Total Money Payments Subject to Withholding		6,216.00	6,048.00	7,056.00	19,320.00	386.40
of Business Tax (Government & Private)						
Total						
We declare, under the penalties of per pursuant to the provisions of the National Inf 9 ME Payor/P (Si	jury, that this certificernal Revenue Confidence Confidence Confidence Confidence Confidence Confidence Cover Principal Cover Southorized	ode, as amended, and to the second se	n good faith, verified be he regulations issued	under authority the	st of my knowledge ar reof. ivision Manager B - A Title/Position	ACMD of Signatory
	ignature Over Prin				9.	

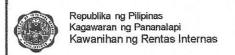


1 For the Period ▶ 0 1 0 1 1	7	_	▶ 03 3	31 17	MM/DD/YY)	
From Till	(MM/DD/YY		Payee Information			
2 Taxpayer	97 531	000				
Identification Number						
3 Payee's Name ARARACAP	, ERNEST MAP	Name, First Name, Mi	ddle Name for Individ	hals) (Registered N	ame for Non-Individua	ls)
4 Registered Address > Tanza, Cavite		. Marrie, i iist Marrie, Mi	adic Hamo to, marria	dais, (Hogiciolos II	4A 2	Zip Code
				Control of the Contro		Zip Code
5 Foreign Address			Commission of Springer Street			<u> </u>
6 Taxpayer			Payor Information			
Identification Number	98 705	0000				
7 Payor's Name ► TANZA WA	TER DISTRIC					
P. Desilateral Address - Francis		Name, First Name, Mi	ddle Name for Individ	luals) (Registered N	lame for Non-Individua	Is) Zip Code 4 1 0 8
8 Registered Address A. Soriano	Highway, Tanz		Partition of the Control of the Cont			*[*,',°,°]
PARTII	Deta	ils of Monthly Income	Payments and Tax AMOUNT OF INCO		luarter	
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	6,384.00	6989.85	7,392.00	20,765.85	415.32
Total		6,384.00	6,989.85	7,392.00	20,765.85	415.32
Woney Payments Subject to Withholding						
of Business Tax (Government & Private)						
			and the same of th			
			The state of the s			
		Day				
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Total						
We declare, under the penalties of per pursuant to the provisions of the National In	rjury, that this certi	ficate has been made i	n good faith, verified l	by me, and to the be d under authority the	est of my knowledge ar ereof.	nd belief, is true and correct,
pursuant to the provisions of the National III	remai revende Ci	dula	are regulations issued			
9 MELANIE P. BOBADILLA 10 Division Manager B - ACMD Pavor/Pavor's Authorized Representative Title/Position of Signatory						
	ayor's Authorized ignature Over Prir				i ide/Position	or digitatory
<u> </u>		<u> </u>				
Conforme:					E	
Payee/F	Payee's Authorized ignature Over Prin	representative			Date Sign	ICG
-	N					

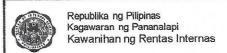


For the Period > 0 4 0 1 1	7]		▶ 06 3	0 17		
FIOR L. L. J.	(MM/DD/YY)		<u> </u>	<u> </u>	MM/DD/YY)	
Part I			Payee Information	en e		
2 Taxpayer Identification Number ► 4 6 3 2 7	78 664	000				en e
Identification Number						
3 Payee's Name ► ABAD, REY						\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		Name, First Name, Mi	ddie Name for individ	uais) (Registered Na	ame for Ivon-indiv	4A Zip Code
1 Registered Address ► Tanza, Cavite						LA Zip code
5 Foreign Address				100 to		5A Zip Code
	The same and a superior		January Information			
			Payor Information	**************************************		
Taxpayer book 1 8	98 705	0,0,00				
	TER DISTRIC	T				
- 1 ayor 5 mains - 17, 1142/1177		Name, First Name, Mi	ddle Name for Individ	uals) (Registered N	ame for Non-India	riduals)
Registered Address A Soriano			date resmo for marrio	daib) (Hogistorda) i		RA Zin Code // 1 0 9
A. Sonano	Highway, Tanz					» [4 1 0 0]
PARTII	Deta	ils of Monthly Income	Payments and Tax	Withheld for the Q	uarter	
Income Payments Subject to	ATC		AMOUNT OF INCO	ME PAYMENTS		
Expanded Withholding Tax	ATC	1st Month of	2nd Month of	3rd Month of	Total	Tax Withheld
		the Quarter	the Quarter	the Quarter		For the Quarter
	WC640	6,846.00	7887.18	9,552.27	24,285.	45 485.71
			The state of the s			
					USE 2004 3 SALES S	
					The second secon	

Total		6,846.00	7,887.18	9,552.27	24,285.	45 485.71
Money Payments Subject to Withholding						
of Business Tax (Government & Private)						
of Desiness Tax (Continuent of Trace)						
					A STATE OF THE STA	
	 				A CONTRACTOR OF THE PARTY OF TH	
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Total					of of my lay miles	to and hallof in this and source
We declare, under the penalties of per	rjury, that this certif	ricate has been made i	n good faith, verified to	by me, and to the be	si of my knowled; reof	ge and belier, is true and correct,
pursuant to the provisions of the National In	ternai Revenue Co	oue, as amended, and t	ine regulations issued	і шічеі ачиютіц іЛе	icui.	= = 1
9 ME	ELANE P. BO	BADILLA		10 Di	ivision Manager	B - ACMD
	Payor's Authorized		Company of Color of Color	and the second s		ition of Signatory
	ignature Over Prin					House or Pay J. H. J.
				ALMAN USA		
Conforme:						
	ayee's Authorized			**************************************	Date	Signed
S	ignature Over Prin	ted Name				

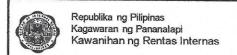


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1 For the Period	7 (MM/DD/YY)			31 17 _{(M}	M/DD/YY)	
Part I 2 Taxpayer A.C.2 2 -		the state of the s	Payee Information			
Identification Number	76 664	000				
3 Payee's Name ABAD, REY	NALDO SR. E.					
A Designated Address & Transcoult		t Name, First Name, Mic	ddle Name for Individ	uals) (Registered Nan		als) Zip Code
4 Registered Address > Tanza, Cavite						*
5 Foreign Address ►			n-un Information		5A 2	Zip Code
6 Taxpayer	20 70 E		Payor Information			
Identification Number		0000				
7 Payor's Name ► TANZA WA	ATER DISTRIC					
8 Registered Address A. Soriano I	Last Highway, Tanz	t Name, First Name, Mic za, Cavite	ddle Name for individi	lials) (Registered ivan		Zip Code 4 1 0 8
PART II	Deta	ils of Monthly Income			irter	
Income Payments Subject to	ATC		AMOUNT OF INCOM			- Nagak k old
Expanded Withholding Tax		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld For the Quarter
	WC640	6,888.00	6348.00	8,736.00	21,972.00	440.16
						allowers with the street and the street and an artificial the street and the street are street and the street a
Total		6,888.00	6,348.00	8,736.00	21,972.00	440.16
Money Payments Subject to Withholding	production of the second se	and the state of t	e vitati kan ina mangaran mata	Manager of the state of the sta		
of Business Tax (Government & Private)						
lotal .						
We declare, under the penalties of perj	ury, that this certifi	icate has been made in	good faith, verified b	y me, and to the best of	of my knowledge an	d belief, is true and correct,
oursuant to the provisions of the National Inte	ernal Revenue Co	de, as amended, and the	ne regulations issued	under authority thereo	лf.	
	LANIE P. BOE		nes and a second	10 Divis	sion Manager B - A	
Payor/Pa	ayor's Authorized	Representative			Title/Position of	of Signatory
(=:	gilature over , i.i	ed Ivame,				
Conforme:						
	ayee's Authorized I				Date Signe	ed



BIR Form No. 2007

					CHE TO SERVICE TO SERVICE AND	
1 For the Period From 0 4 0 1 1	7 (MW/DD/YY)) To	11	30 17	(MM/DD/YY)	
Part I			Payee Information			
2 Taxpayer Identification Number	00 000	0,0,0,				
3 Payee's Name ► ABAD, ARI						
		t Name, First Name, Mi	ddle Name for Individ	duals) (Registered	Name for Non-Indivi	duals) A Zip Code
4 Registered Address > Tanza, Cavite						
5 Foreign Address		4				A Zip Code
6 Taxpayer	00 1705	I TO THE RESIDENCE OF THE PARTY	Payor Information			
Identification Number	98 705 ATER DISTRIC	[0,0,0,0] T				and a colongram who discourse the second
8 Registered Address A. Soriano	(Last Highway, Tanz	t Name, First Name, Mi za, Cavite	ddle Name for Indivi	duals) (Registered	Name for Non-Indiv	duals) A Zip Code 4 1 0 8
PART II	Deta	ils of Monthly Income	Payments and Tax	Withheld for the	Quarter	
Income Payments Subject to	ATC		AMOUNT OF INCO			
Expanded Withholding Tax		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld For the Quarter
	WC640	5,928.74			5,928.7	4 118.57
						
					1	
					<u> </u>	
					<u> </u>	
					<u> </u>	
Total		5,928.74		-	5,928.7	118.57
Money Payments Subject to Withholding						
of Business Tax (Government & Private)			. Marine Marine			
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					10.70.00	
					_	
Total						
We declare, under the penalties of pe pursuant to the provisions of the National Ir	nternal Revenue Co	ode, as amended, and I	n good faith, verified the regulations issue	by me, and to the b d under authority the	est of my knowledg hereof.	e and belief, is true and correct,
Persuant to the provisions of the realistial in	profeso ELANIE P. BO	della				A CAND
9 Mi	ELANIÉ P. BO Payor's Authorized	BADILLA Representative	The state of the s	10	Division Manager I Title/Posit	3 - ACMD ion of Signatory
Fayon (S	Signature Over Prin	nted Name)				
Conforme:						
Processor and the second secon	Payee's Authorized	I Representative	A CONTRACTOR OF THE PARTY OF TH		Date	Signed
	Signature Over Prin					



1 For the Period	7 (MM/DD/Y	Y) To	▶ 03	31 17	MODWY	
Part I		, , , , , , , , , , , , , , , , , , , 	Payee Information		M/DD/YY)	
Identification Number	00 1000	0000			and the state of t	
3 Payee's Name ► ABAD, ARI		st Name, First Name, M	iddle Name for Indivi	duale) (Pagistared Neg	na far Nan Individu	
4 Registered Address > Tanza, Cavite		0.11.00.100.100.100.100.100.100.100.100	Mary rathe for mary	audis) (Negistered Hai		Zip Code
5 Foreign Address >					5A	Zip Code
6 Taxpayer			Payor Information			
Identification Number	98 705	0000				
7 Payor's Name ► TANZA WA	ATER DISTRIC	ot Name, First Name, Mi	iddle Name for Individ	duals) (Registered Nan	ne for Non-Individu	als)
8 Registered Address • A. Soriano	Highway, Tan	za, Cavite				Zip Code 4 1 0 8
PART II Income Payments Subject to	Deta	ails of Monthly Income	THE RESIDENCE OF THE PROPERTY OF THE PARTY O		ırter	
Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS 1st Month of			Total	Tax Withheld
	WC640	the Quarter 7,256.00	the Quarter 8596.00	the Quarter 10,022.00	25,874.00	For the Quarter
	VV C040	7,256.00	00.086.00	10,022.00	25,874.00	517.48
otal Money Payments Subject to Withholding		7,256.00	8,596.00	10,022.00	25,874.00	517.48
of Business Tax (Government & Private)						
otal						
We declare, under the penalties of perjursuant to the provisions of the National Inte	rnal Revenue Co	de, as amended, and th	good faith, verified by e regulations issued	/ me, and to the best of under authority thereof	f my knowledge and	d belief, is true and correct,
9 MEI	puhla ANIE P. BOE	llla BADILLA		10 Divisi	on Manager B - A	CMD
Payor/Pa	yor's Authorized nature Over Print	Representative			Title/Position of	
onforme:						
Payee/Pa	yee's Authorized I			distribution of the second sec	Date Signe	ed